Volume 11 • No. 4

November, December 2009, January 2010

Message from the President

Salute to Nurses

Charlotte York, LPN, President

We were fortunate to be involved in the News-Leaders' Salute to Nurses Event. Salute to Nurses was launched in May during the annual Nurses Week celebration by the News-Leader in Springfield, Missouri. Health care workers, patients and the general public were encouraged to submit online nominations through early July. The Missouri State Board of Nursing reviewed more than 200 nominations for 151 nurses from southwest Missouri before selecting all the finalists.

An Awards Luncheon was held September 1, 2009 in Springfield in honor of the recipients. Nurses honored at the luncheon event received gift baskets and each attendee received a gift bag.



"We are thrilled to join forces with many of the area health care providers and nursing education programs to bring to Springfield this outstanding recognition event," said News-Leader President and Publisher Tom Bookstaver.

"Not only are we able to honor the dedication and commitment of this community's nursing professionals, we partnered with the Missouri State Board of Nursing to provide an award process that brings credibility and professionalism with each decision."

"There has been tremendous support from the business community for this event," Bookstaver stated. The organizations that partnered with the News Leader for the Salute to Nurses Event were CoxHealth, St. John's Hospital, Cox College, Ozarks Technical Community College, College of the Ozarks, Scrubs, Work Apparel Store, Plaza Shoe Store, Allegiant Air, Maxon's Diamond Merchants, McDonald's, Haruno and Kai, Grove Spa, Candy House Gourmet Chocolates, Linda's Flowers, Karl's

current resident or

Tuxedos, Springfield Symphony Orchestra, Missouri State Athletics, Firehouse Pottery, Andy's Frozen Custard, and Dickerson Park Zoo.

We applaud the Springfield News-Leader and their sponsors for celebrating some very special people who walk this earth: our nurses. I am sure the award recipients have been reflecting on how rewarding their career can be and they are sharing their passion for nursing with others. For the rest of us, it is a time to recognize nurses and allow them to take pride in their accomplishments in hopes that they'll inspire others to choose this challenging and fulfilling profession.

Thank you so much for everything you do to care for patients all year long.

Award Winners Salute to Nurses-Nurse of the Year



Teas

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Cynthia B. Teas, BSN, RN Camp Barnabas

Cynthia "Cyndy" Teas' passion for medicine is the result of her battle with a chronic illness as a teenager. During her illness, Teas discovered how important nurses were; and was inspired to become a nurse. Teas pursued her dream and graduated from the University of Texas in 1978 with a Bachelor of

Science in Nursing. After graduating, Teas explored many of the diverse careers paths available to nurses before cofounding Camp Barnabas in 1994 with her husband. Those paths included: Pediatric Home Health, Hospice, and participating in Medical Missions in Romania, Mexico, and within the United States.

Through her work with children suffering from disabilities and chronic diseases, Teas was constantly reminded that "special needs" children were often left out

Message from the President continued on page 5

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100 Years and Counting!

by Becki Hamilton, Executive Assistant

This year marks the 100th anniversary of regulation of nursing in the State of Missouri. In 1906, three years prior to the establishment of the Board of Examination for State Registration, the Missouri State Nurses' Association was formed. During the first three years, the association focused on a compulsory registration bill and investigation of the conditions in and management of Missouri's almshouses. Senate Bill 157 for Registration of Nurses was passed in 1909 by the 45th General Assembly. Its provision indicated: "An act to provide for the examination, regulation and registration of nurses, and providing for the appointment of a board of examiners to examine applicants for registration as nurses, and to provide for

the punishment of offenders against the act."

During the third annual meeting of the Missouri



Missouri State Board of Nursing is presented with a plaque celebrating 100 years of service from National Council of State Boards of Nursing (NCSBN) at the annual meeting in Philadelphia. Ann Shelton, left, Lori Scheidt, center and Laura Skidmore Rhodes, President of NCSBN, right.

100 Years continued on page 8

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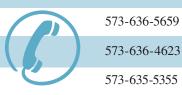
Department of Health & Senior Services (nurse aide verifications and general questions)

Missouri State Association for Licensed Practical Nurses (MoSALPN)

Missouri Nurses Association (MONA)

Missouri League for Nursing (MLN)

Missouri Hospital Association (MHA)



573-526-5686

573-893-3700

Number of Nurses Currently Licensed in the State of Missouri

As of October 27, 2009

Profession	Number
Licensed Practical Nurse	25,593
Registered Professional Nurse	89,448
Total	115,041

Schedule of Board Meeting Dates Through 2010

December 2-4, 2009 March 3-5, 2010 June 2-4, 2010 September 8-10, 2010 December 1-3, 2010

Meeting locations may vary. For current information please view notices on our website at http://pr.mo.gov or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at http://pr.mo.gov



Authored by Lori Scheidt, Executive Director

Fiscal Year 2009 Statistics

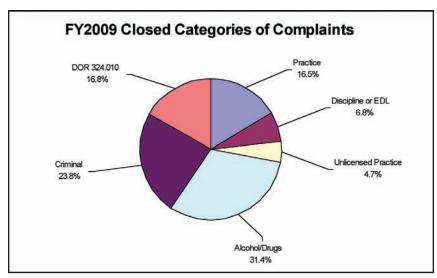
The 2009 fiscal year for Missouri State government began July 1, 2008 and ended June 30, 2009.

The Board reviews all complaints that are filed against the license of a nurse. Following an investigation, the Board determines whether or not to pursue discipline. If the board decides that disciplinary action is appropriate, the Board may impose censure, probation, suspension, and/or revocation.

The Board of Nursing may take disciplinary action against a licensee for violation of the Nursing Practice Act (see 335.066, RSMo). The Board is authorized to impose any of the following disciplines singularly or in combination:

- Censure—least restrictive discipline. The imposition of censure acts as a public reprimand that is permanently kept in the licensee's file.
- Probation—places terms and conditions on the licensee's license.
- Suspension—requires that the licensee cease practicing nursing for a period not to exceed three years.
- Revocation—most restrictive discipline. The imposition mandates that the licensee immediately loses his/her license and may no longer practice nursing in Missouri.

The following chart shows the category of complaint and application reviews that were closed this past fiscal year. There were 1657 Board decisions made in fiscal year 2009.

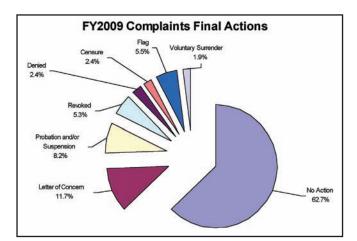


Executive Director Report continued on page 4

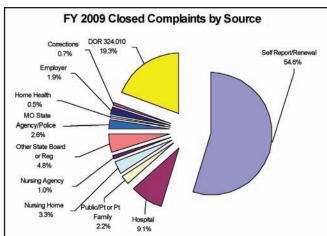
Page 4 • Missouri State Board of Nursing

Executive Directors Report continued from page 3

This chart shows the actions taken by the Board for those complaints and application reviews.



This chart shows the closed complaints by source.



Licenses Issued in Fiscal Year 2009

	Registered Nurse	Licensed Practical Nurse
Licensure by Examination (includes nurses not educated in Missouri)	3537	1297
Licensure by Endorsement	2160	352
Licensure by Renewal of a Lapsed or Inactive License	1141	682
Number of Nurses holding a current nursing license in Missouri as of 6/30/2009	86,476	24,432

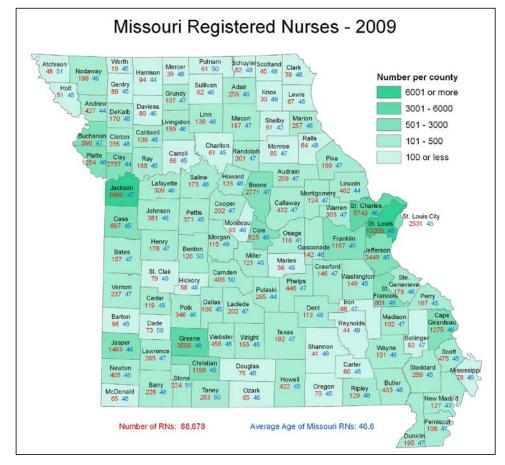
Licensure Database Information

The average age of nurses continues to stay about the same. This is based on all nurses licensed in Missouri, regardless of where they reside.

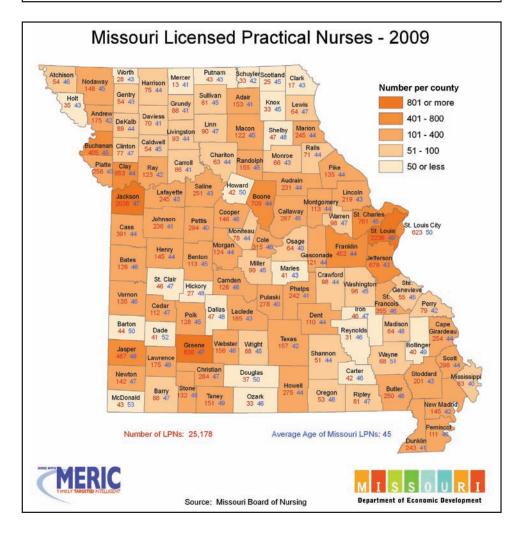
Profession	FY2005	FY2006	FY2007	FY2008	FY2009
RN	46.12	46.28	46.35	46.62	46.60
LPN	45.13	45.36	45.00	45.32	45.00

The following three maps depict the average age by county and the count of the number of nurses in each county that had a current Missouri nursing license and Missouri address as of September 14, 2009.

November, December 2009, January 2010







Message from the President continued from page 1

of normal childhood experiences, and were sometimes even shunned. This prompted Teas and her "very supportive and innovative husband" to found Camp Barnabas, which has already shown more than 10,000 children the honor and dignity they deserve.

Outside of the children at Camp Barnabas, Teas was busy raising her own children for many years, "raising my children in a Christian home in today's world was a wonderful adventure." Next to being a mother, Teas feels serving the Lord through the creation of Camp Barnabas has been her best life experience. "Having a career that allows you to serve others, share your faith, and make an excellent salary is rare," Teas said. "Being a registered nurse is truly the best career ever."

EXCERPTS FROM HER NOMINATION(S)

"In 1994, her compassion for children with special needs, led her and her husband to start Camp Barnabas, a summer residential camping program for children with disabilities, diseases and terminal illnesses located in southwest Missouri.

"In addition to overseeing the grant/donor activities, she recruits and coordinates the volunteer medical staff of 2 doctors and 8 nurses needed for each of the 9 camping terms to provide superior medical care for the campers, 24/7, ensuring they receive their treatments and medications without interruption to their daily routines at home."

"Maintaining the campers' dignity and self-worth is of utmost importance and Cyndy imparts this to all who work with the children. Her expertise in pediatrics and her loving, caring spirit has taken the special needs camp to a level unsurpassed by other camps."

"Cyndy has enriched the lives of so many children, their families and the volunteers, it's impossible to number. Many say she is truly a saint disguised as a nurse. I say she is a nurse just doing what others would never attempt in order to enrich the lives of God's special children in this world."

Salute to Nurses-Community Outreach



Peacock

Sharon Peacock, BSN, RN, NCSN Springfield Public Schools R12

When she was three years old, Sharon Peacock decided she wanted to be a nurse "because I liked the cap—and now we don't even wear them!"

That dream became reality when Peacock began her career as a nurse in Altoona,

Pennsylvania, in 1965. Peacock took advantage of the Army Student Nurse Program and became a Lieutenant in the U.S. Army Nurse Corps in 1969. As a Lieutenant, Peacock served in a MICU at Fitzsimmons Army Hospital in Denver and at the 95th Evac Hospital in Da Nang, Vietnam, before returning home, entering Coronary Care, getting married, and moving to Lockwood, Missouri.

After a 13-year hiatus to raise her children, Peacock returned to the field as a school nurse, a role she currently fulfills within Springfield Public School District. As a school nurse, Peacock's responsibilities range from administering care to helping teach and promote wellness. Peacock believes her role as a school nurse can also be described as a "child advocate". "We get to know the kids pretty well," she said. "I say that I'm 'a mom away from home." Being with the children year after year, Peacock learns their history and notices when something's wrong; which can lead to a child getting the attention they need for something that might have otherwise gone undetected. Peacock's relationships with her students are therefore invaluable. The layers of a school nurse go deeper than most people realize. As summed up by Peacock, "It's an eye-opening experience to follow a school nurse for a day."

EXCERPTS FROM HER NOMINATION(S)

"Sharon is a very caring person. She knows the names of each child in her school. She goes the extra mile for her kids. Many times after hours or what ever it takes for the child's needs."

"Nurse Peacock is much more than a school nurse. She is a care giver, an encourager, a teacher, a social worker, an example to the students, and an administrator."

"She loves the kids so much that she will often give some of the "needy" children 35 cents so that they can call her in the summer if they are hungry or alone. There have been countless times that she has purchased groceries for these students to get them by for the summer."

"Even before she was a school nurse she was an EXCEPTIONAL nurse for the US Army serving in DaNang

Vietnam during the Vietnam war. She deserves this award because she is so much more than a nurse. She is a gift to the profession and to the families of Springfield."

Salute to Nurses-Lifetime of Compassion



Speer

Sylvia Speer, RN CoxHealth

According to Speer, "My mom always told me, 'You've wanted to be a nurse since you were three years old,". In fact, Speer's mother, who had asthma, was her first patient, "I would try to take her pulse and make her feel better." With her 40 years' experience as a nurse, Speer knows that her desire to

care for people is God-given.

Previously, Speer worked in Hospice. "I felt privileged to be part of patients' and families' lives during such a difficult time," she said. "Hospice is beneficial for patients and their families, because it gives them a better quality end of life."

In her current role within a Women and Newborn Unit, Speer helps women who have just had babies, undelivered mothers, and assists with women with other health concerns. "It is so thrilling to see new moms," she said. "Whether it's their first baby or their fifth baby, to see that love is just great! It's exciting to be part of that newness of life; there's just so much hope there for the future."

The proud grandmother of five grandchildren, Speer credits her "wonderful career" to her husband, Bob, who helped out at home while she worked, and her three children. "Nursing can be difficult at times, and it has taken a lot of support from all of them," she said. "I would not still be in nursing without the support of my husband and children, and I would like to thank them."

EXCERPTS FROM HER NOMINATION(S)

"The definition of a nurse is one that looks after, fosters, or advises. This definition certainly begins to describe this nurse. She has looked after, fostered and advised her patients for 40 years. But there is so much more to this wonderful woman. Caring for others is in her soul. I believe she has been given a special gift."

"Nurses can so easily be forgotten. But in truth nurses are the ones who are there at a patient's bedside tending to their every need. My mom is the one who listens to a patient's concern. My mom is the one who helps with the pain. My mom always makes each patient the most important patient. It takes a great deal of energy to be a great nurse."

"And although the hours are long and hard, not only for her but for our family, I believe it is so worth it. My mom makes a difference in her patients' lives. All my life I have been proud to say my mom is a nurse."

Salute to Nurses-Advancement of Nursing



Clair

Bonnie Clair, MSN, RN CoxHealth

As Retention Project Manager for CoxHealth, Bonnie Clair helps employees find new ways to embrace their jobs. According to Clair, "Increased employee satisfaction leads to increased patient satisfaction, this is the primary goal because the focus should always be on the patient."

A nurse for 28 years, Clair became interested in her current position because of the challenges it presented. Previously, Clair worked in Med Surg, Nursing Education and Administration, and the Neonatal Flight Team which she loved because of the adrenaline, quick thinking, and rapid response required.

Clair enjoys working with CoxHealth staff to increase employee engagement. "Everyone from housekeeping to billing directly or indirectly affects patient care," she explained. "First and foremost are the nurses; they're on the front line. No matter where a patient comes into the system, a nurse will touch them. Helping our nurses work to improve bedside practice and processes is very satisfying. I enjoy projects that give staff a voice in their practice and enable them to expand their professional growth." She facilitated the core group that developed STAR, Steps to Advancement and Recognition, a clinical ladder that compensates RNs for enlarging their knowledge base while continuing to provide bedside patient care. Most recently, she implemented special parking spaces for pregnant employees and also created the Red Ribbon Reunion, a celebration for employees reaching 90 days of employment.

Clair has been married to her husband, Bill, for 30 years; they have three sons, Adam (and wife Dallas), Joshua (and wife Sherry), and Michael.

EXCERPTS FROM HER NOMINATION(S)

"...not only inspired me towards nursing school, she continues to challenge my professional growth. Employed as Retention Project Manager in a large hospital, Bonnie promotes professional nursing and increases nurse retention through employee engagement and job satisfaction."

"Bonnie's clinical experience includes Med Surg, Neuro, nursing education, and NICU. In NICU she worked on the neonatal flight team, facilitated a support group for NICU parents, served as a peer mentor, and was one of five preceptors chosen to write an orientation program for new graduate nurses. Bonnie has always shown dedication to personal professional growth, often telling me it is important to be a life-long learner."

"Recently returned from a medical missions trip in Haiti, Bonnie promotes awareness through slide shows aligning medical need, available resources, and

Message from the President continued on page 6

Message from the President continued from page 5

compelling photos. Her nursing experiences in Haiti are also posted on two national blogs, Strategies for Nurse Managers.com and Stressed Out Nurses.com. Additionally, Bonnie published a book last year titled Nurse Retention Toolkit, a quick reference guide to assist managers with retention of their staff. During the ongoing RN shortage, this is an invaluable resource.'

Salute to Nurses-Nurse Educator of the Year



Watson

Susan A. Watson, RN, MSN St. John's College of Nursing

With her impressive list scholastic credentials and professional organization memberships, Susan Watson no doubt has plenty of stories to share during her traditional Friday evening dinner with her husband, mother, two daughters and their husbands,

and five grandchildren. However, her current position as an Associate Professor at St. John's College of Nursing, Southwest Baptist University, qualifies most as "current events" during the weekly ritual.

A bedside nurse for the past 39 years, 28 of which have been spent in different capacities at St. John's Hospital, Watson believes that one of her strengths as a nurse is her ability to communicate with patients in a manner that makes them feel knowledgeable about their medical problems and comfortable in the hospital's unfamiliar setting. Watson believes she can touch a patient's life in a positive way. As a patient's advocate, Watson believes she owes her patients the best care she can provide. Part of that care includes being their voice, and often 'going to bat' for them. Watson feels good at the end of a day when she feels like she's made a difference in a patient's life.

Watson has fallen in love with teaching over the past seven years, "it is so exciting to be part of a student's growth in their knowledge and skills. It fills me with pride to see students apply the material I taught to their clinical practice," she said. "The rewarding experiences I've encountered make me want to continue to be a faculty member and help students grow as competent nurses."

EXCERPTS FROM HER NOMINATION(S)

"Sue has worked her way up thru the ranks and now teaches future nurses at St. Johns School of Nursing."

"Sue works with students in the last semester of the associate degree nursing program. I hear regular comments from the students about how much they appreciate her guidance at the end of the program. This feedback is often from students who have struggled in some way that she has taken the extra time to help be successful.'

"Even after students graduates Sue continues to work with them to be successful. She is their advocate in preparing for the licensing exam and their support if they are not successful. She will continue to mentor them until they pass. She regularly goes above and beyond."

Salute to Nurses-Inspiration Award



Ziegler

Jeff Ziegler, RN The Arc of the Ozarks

Jeff Ziegler lives by the adage "Life is good," and believes that nurses have the chance, each shift they work, to make a little difference for good in the lives of people.

Having previously worked as a journalist and minister, Ziegler became accustomed to people sharing amazing stories

with him. As a nurse for the past 13 years, though, he said that "people have opened up their lives during horrific times of pain and grief, and those patients have taught me the meaning of courage, and how we ought to relish the simple blessings life daily sends our way." For Ziegler, the icing on the cake has been witnessing the stamina and compassion of other nurses as they spend themselves caring for patients, whose needs become more critical as hospital stays grow shorter.

Ziegler worked on a busy medical-surgical unit at the University Hospital and Clinics in Columbia, Missouri, before moving to Springfield. In the Ozarks, Ziegler has worked for Skaggs Community Hospital, Oncology, Hematology Associates, Nurse Finders, and Lakeland

Regional Hospital; experiences he credits for broadening his understanding of how nurses care for the whole person, body, mind, and spirit.

'The past six years have been especially rewarding as the Director of Nursing at The Arc of the Ozarks," Ziegler said. "Daily I work with caring, devoted staff members and a host of wonderfully unique people, many with disabilities that would stop most of us cold in our tracks. From them, I learn how each of us plays a role in making life worth living."

EXCERPTS FROM HIS NOMINATION(S)

"He has a sincere compassion for the clients that he works with who have developmental disabilities."

"Jeff is an amazing individual and Nurse. He always arrives to work with a smile on his face and ready to face whatever the day brings. Jeff works extremely long hours to see to it that the individuals we support are well cared for and all medical needs are met."

"Jeff dedicates his life to serving others and ensures that individuals with developmental disabilities have the best quality of life possible.'

"His dedication inspires anybody who works with him to go the extra mile."

"When they speak of nurses being angels of mercy they were talking about Jeff Ziegler our director of nurses at ARC of the Ozarks."

"Jeff is one of the staunchest advocates for our clients that I know. He is so kind spoken and gentle and reassuring to each and every one of our clients and he makes them feel special."

Salute to Nurses-**Honorable Mentions**



Auston

Patricia Auston, CRRN, CNRN St. John's Mercy Villa

Pat Auston is an active nurse certified in Rehabilitation and Neurology. A mother of five, she loves to read, write, scrapbook, and listen to music. Auston developed the Neuroscience Support Group Program (NSGP) which currently has 12 groups. Auston has conducted Support Group Facilitator Training Workshops nationwide, which

are sponsored by the National Parkinson Foundation. Auston is the Vice President of the Parkinson's Group of the Ozarks and is an advisory member of the newly

developed Neurological Foundation of the Ozarks. Due to health concerns, Auston resigned from NSGP

which was her passion. Auston hopes her support groups continue to grow in size and strength, and remain focused on education and support for individuals with neurological issues to help them achieve the best quality of life possible.

EXCERPTS FROM HER NOMINATION(S)

"During her twenty years experience as a nurse on the neurological and physical therapy units, Pat has seen patients and their families leave the hospital to return home to lives that have been completely changed. Pat believes more needs to be done for these people and that support groups play an essential role in giving patients the courage, support, and knowledge to face those changes. Pat Auston has formed twelve support groups for Spinal Cord Injury, MS, Stroke, Brain Tumor, Spina Bifida, Sleep Disorder, Myasthenia Gravis Huntington's Disease, Epilepsy, Parkinson's, and Alzheimer's. She has spoken at national conventions and her presentations have inspired others to go home and form their own groups."



Roberds

Charlotte Roberds, BSN, RN, RCSN Springfield Public Schools R12

Charlotte Roberds, currently a Pediatric School Nurse for Wanda Gray Elementary, has been a nurse for 22 years and Pediatric School Nurse for 16. Although Charlotte worked in a Pediatric Intensive Care Unit, "being a school nurse is the most

awesome, professionally fulfilling job I can imagine".

Roberds enjoys the autonomy of her job, being on her own, and relying on her assessment skills. She handles case management, which allows children with chronic illnesses to attend school at home rather than in a specialty school. Roberds also tracks illnesses; as she said, "When swine flu hits, we'll know before anyone else does." As a result, Roberds feels like she became a "real nurse" when

she became a school nurse.

EXCERPTS FROM HER NOMINATION(S)

"While I was there Charlotte worked tirelessly to keep records on over 600 students up to date and provide regular screenings for them. In addition, she screened individual students when teachers felt there could be a health issue that could be impacting their learning. She initiated and continued a program that allowed our older boys and girls to have open discussions with a local doctor and herself about the changes their bodies were undergoing. Nurse Charlotte is the ultimate children's advocate and she tirelessly helped the children at Wanda Gray Elementary School."



Twedt

Jamille Twedt, RN, OCN Skaggs Community Hospital

graduating After school at 16, Jamille Twedt was ready to move off the farm and follow in the footsteps of her grandfather, a doctor, and her mother, a nurse. Today, she's the Nurse Educator at Skaggs Community Hospital, where she enjoys "helping nurses become

better at what they do."

Twedt also loves working in the Oncology Center, where she enjoys the opportunity to interact with patients and their families." The better you know someone, the better you can help them improve their life," she said. "To be a nurse, you have to love what you do. Patients need to see that, because then they know you care about them."

EXCERPTS FROM HER NOMINATION(S)

"Jamille is the most loving caring and thoughtful

"...one of the most motivated and dedicated nurses I have ever met. Her caring and leadership are unmatched."

"Jamille has also demonstrated a commitment to the community. She volunteers to help with wellness checks for school children, school athletic physicals, blood pressure and accucheck assessments, flu shots, and is the instructor of CPR/BLS New Provider classes and first aid classes for area Girl Scout Leaders and their Scouts.'



Young

Karen Young, BSN, RN CoxHealth

"After 30 years, you know a few things," said Karen Young, who began her career as a nurse in 1979. Young has worked primarily in surgery, although she has also worked in a burn unit and as an OR Director. For the past 11 years, Young has focused on educating nurses, patients, and families. Young

provides educational materials for nurses to pass on to their patients. Young enjoys educating nurses because "you get to share knowledge with new nurses and watch them grow." As for working with patients and their families, Young said, "I enjoy making a difference in people's lives, and helping them get back to where they need to be."

EXCERPTS FROM HER NOMINATION(S)

"Karen Young is an outstanding example of who a nurse should be. She has a variety of experiences including the operating room, medical-surgical, same day surgery, outpatient surgery, and management. Karen has dedicated her career to serving those that need her and is currently enrolled in the Family Nurse Practitioner program at Missouri State University. Karen is a compassionate, caring, and loving nurse who deserves to be recognized for the many hours she has dedicated to nursing, both on and off the clock."

Salute to Nurses-**Nursing Student Awards**

Stephanie Bell, College of the Ozarks

"I am now a senior in the BSN program at College of the Ozarks. The past year of clinical rotations and summer job at a doctor's office have continued to confirm and hone my desire to serve as a nurse. I am excited by the daily opportunities to provide holistic care by meeting felt needs, educating, comforting, and encouraging patients and their families during critical, vulnerable times."

Message from the President continued on page 7

November, December 2009, January 2010

Message from the President continued from page 6

Amber Carpenter, Cox College

"I remember falling off of the monkey bars on the playground when I was in the first grade. The teacher on duty walked me to the nurse's office because I had cut my knee. Blood was running down my leg, and I was in horrible pain. The school nurse cleaned me up, bandaged my knee, and at the same time, comforted me. She was my hero that day."

"Just like my elementary school nurse, I would like to be a child's hero."

Micah Ford, College of the Ozarks

"One question that is usually asked when I'm caring for a patient is 'Why do you want to be a nurse?' It is not a hard question but it is a vulnerable answer. Why? To be perfectly honest I care deeply for people."

"Holding a patient's hand when they are scared, being able to smile at them to let them know you understand, having the knowledge to explain the disease processes, and answering the hard questions—yes, all of this work is worth the priceless end result."

Lynnde Houtz, Ozarks Technical Community College

"My mother came to visit me during nursing school and while going to a grocery store I saw a family member of one of my patient's. As I got closer, she smiled at me and gave me a big hug. She told me how their dad was and asked about nursing school. As my mom and I walked into the store she put her arm around me and said 'See you make a big difference in so many lives and you don't even realize it."

Kayla McIntosh, Cox College

"I think that I have wanted to become a nurse since the first time someone asked me what I wanted to be when I grew up. My mother was a nurse and I can remember growing up admiring her like most children admire their parents."

"I was privileged to enjoy some great experiences (in Medical Explorers). In my regular rotations, it came my turn to shadow in the Intensive Care Nursery. Honestly, I found my calling there. It was absolutely the most amazing thing I had ever seen."

Impaired Nurse Program Challenge

The Board of Nursing received legislative authority to establish an impaired nurse program in August 2007. The Board then appointed an impaired nurse task force to write the rules. The task force consisted of representatives from the Kansas City Area Nurse Executives, Missouri State Association of Licensed Practical Nurses, Missouri Organization of Nurse Leaders, Missouri Association of Nurse Anesthetists, Missouri Nurses Association, Department of Health Bureau of Health Facilities Licensure, Missouri Association of Homes for the Aging, Missouri Ambulatory Surgical Center Association, and Missouri Alliance of Home Care.

The rules were effective August 30, 2008. A Request for Proposal (RFP) has been issued twice since that time with no compliant bid received.

The fact that no compliant bid has been received and recent media attention focused on impaired nurse programs has lead us to re-evaluate the program structure. Some of the recent media headlines are, Loose Reins on Nurses in Drug Abuse Program, When Caregivers Harm: Problem Nurses Stay on the Job as Patients Suffer and State Board Seeks Swifter Action Against Errant Nurse.

Occupational and professional regulatory boards exercise the police powers of the state to protect the public health, safety and welfare by restricting practice by individuals who do not possess minimal competence. It is more and more common for these boards to offer impaired practitioners treatment for addiction and other impairments as an alternative to discipline. These programs rest on the rationale that they can provide a path to recovery for impaired licensees, they can help to retain them in the workforce, and with proper monitoring they can help avert harm to the public while the licensees receives help. This is a sound, rationale based on worthy objectives, yet it is essential to recognize that chemically dependent licensees can present a danger to the public. As worthwhile as these programs can be, they must be developed and carried out in ways that ensure they are sufficiently accountable to the public and inspire public confidence and support. This is especially important given than patients typically do not

Missouri State Board of Nursing • Page 7

- (4) Internal Quality Control Systems
- (5) Program Evaluation Mechanisms
- (6) Public Awareness Programs

We realize that a clear definition of the end goal of the quality process and project is imperative to success. The work needs to be done right the first time. Rework is costly and a waste of material and manpower. Doing the work can only be done right the first time if they are given the right information and tools when they need them. The bottom line is to provide value to all stakeholders. If the process does not provide value, then it will not be embraced and maintained.

We will keep stakeholders informed through this newsletter and through our website.

given some recent highly critical external audits of some of the programs.

know if a licensee is enrolled in one of these programs and

<u>Proposal</u>

We will be working to prepare a report with a complete checklist of issues to be addressed in the establishment of an Alternative Program showing alternative options and addressing all aspects of the regulatory management of the program, especially with regard to the accountability of the program. The checklist will include the following elements:

- (1) Institutional Content
- (2) Program Structure
- (3) Program Feedback Systems

Page 8 • Missouri State Board of Nursing

100 Years continued from page 1

State Nurses' Association a roster of names was prepared to send to Missouri's governor from which he could choose the five nurses needed to comprise the first Board of Examination for State Registration. Twelve names were sent to Governor Herbert-Spencer Hadley from which he chose four individuals from the list and added Miss Ida Gerding. The five original Board members were

Miss Charlotte B. Forrester Mrs. Fannie E. S. Smith Miss Elizabeth A. Tooker Miss Maude Landis Miss Ida Gerding

MEETINGS OF THE BOARD

The first organizational meeting of the Board of Examination for State Registration was held in Jefferson City on December 8, 1909. Rules and regulations to govern themselves in accordance with the pertinent sections of Senate Bill 157 were adopted. In the next few years the business of the Board including determining a "means of identifying the Registered Nurses as distinguished from those who could not or would not qualify" for licensure (they chose a special pin); setting up, selecting test questions and holding an examination for registration of nurses; sending a letter to two individuals advising they were illegally using the letters R.N. after their names; and endorsing the plan for a proposed preliminary course in Nurse Training at the University of Missouri. The Board continues many of these activities even today. With the same overall goal of public protection, the Board continues to be responsible for licensure of RNs and LPNs; for examinations of applications through the National Council of State Boards of Nursing; for discipline and monitoring of licensees; and for approval and regulation of schools of nursing that lead to initial licensure.



Nursing Postcard circa 1912

THE NURSING PRACTICE ACT

Over the years the Nursing Practice Act has changed and evolved to what it is today.

Law of 1921

In 1921, SB 380 was passed and enacted on March 18, 1921 by Governor Hyde. Changes included a gradual increase in requirements for preliminary education, uniformity in establishing curricula and standards for accredited schools of nursing, appointment of an education director and chief examiner of the Board, compulsory licensing, annual registration and an annual publication of a roster of nurses and attendants.

Law of 1923

Unfortunately, that law was repealed and replaced by a substitute law in 1923. The new law omitted all provisions for compulsory licensure of attendants, for an educational director, and lowered the preliminary educational requirements for professional nurses.

Law of 1939

SB 284 was introduced by Senator Brogan. This law recaptured for professional nursing many of the losses incurred previously. It became effective June 9, 1939 with Governor Guy B. Park's signature. The law provided for the legal establishment of certain higher standards which most Missouri schools of nursing had already voluntarily accepted. The law enabled Missouri graduates to obtain reciprocity in other states by raising the high school educational requirement for admission to Missouri schools from one year to four years and by establishing a three year training course as a substitute for the two year course.

The law also provided for the establishment of "an office staffed by a full-time executive secretary and such clerical help as was needed". In addition, a full-time education director was provided for; protection was given to the title "Graduate Nurse" and "Registered Nurse"; and causes for suspension or revocation of licenses were specifically set down. Persons found guilty of gross incompetence, dishonesty, habitual intemperance or the use of habit-forming drugs, any act derogatory to the morals or standing of those engaged in the care of the sick, or violation of the provisions of the nurse practice act itself were to have their licenses annulled.



Nursing Postcard circa 1912

Law of 1953

A provision for voluntary licensure of practical nurses was included in the law of 1953. This law was effective August 29, 1953 and made it unlawful for a person engaged in nursing "to use any title, sign, abbreviation, cards, or device to indicate such person is practicing registered professional nursing or licensed practical nursing unless such person had been duly licensed and registered under the provision of this Act." Until July 1, 1955, those who were already practicing non-professional nursing could elect to become licensed without examination by securing the recommendations of professional persons, including nurses and doctors who were willing to certify that the applicant had "practiced practical nursing within the state for three years" in addition to satisfying the age, residence, character, and health requirements.

The name of the Board was changed to the State Board of Nursing and the membership on the Board increased from five to seven by adding two Licensed Practical Nurses.

Amendments of 1975

Prior to the 1975 amendments to the NPA, nurses in Missouri were expected to work under the direct supervision of a physician. Changes in medical care delivery dictated the modification of the Nursing Practice Act which broadened the authority of nurses. Professional nurses were given the right to do "assessment, nursing diagnosis, nursing care, and counsel of persons who are ill, injured or experiencing alterations in normal health processes." In addition, it should be noted that the qualifier phrase "including, but not limited to" was part of the description of the acts authorized for a professional nurse.

Sermchief v. Gonzales-1983

On November 22, 1983, the Supreme Court of Missouri decided the case of Sermchief v. Gonzales, which involved the scope of professional nursing in the State of Missouri. The primary question which the court decided was whether the conduct of two registered professional nurses was within the scope of professional nursing as defined by the Missouri Nursing Practice Act. The State Board of Nursing participated in this case by submitting a "friend of the court" brief.

In its decision, the Court stated: Under Section 335.016.8, a nurse may be permitted to assume responsibilities heretofore not considered to be within the field of professional nursing so long as those responsibilities are consistent with her or his "specialized education, judgment and skill based on knowledge and application of principles derived from the biological, physical, social and nursing sciences".

Amendments of 1982-1990

- A non-voting public member was added starting in late 1982
- Section 335.017–Intravenous fluids administration requirements for practical nurses were added in 1983.
- A 9th member was added to the Board in 1988. This member is an undesignated member. In recent years this appointment has represented advanced practice.
- In 1990, numerous sections were added regarding the Nurse Training Incentive Fund and the Nurse Loan Repayment plan.
- Some time in the 90's a change was made to allow the public member a vote.

Advanced Practice Nurse 1993

A definition of an Advanced Practice Nurse was added in 1993. Although a new category was added, APNs were still under the same supervisory restrictions as RNs except that they may be delegated the right to prescribe and administer drugs. The Medical Practice Act was modified at the same time to allow physicians to delegate certain tasks to nurses through the use of collaborative practice agreements. The law required joint regulations to be issued by the Boards of Healing Arts, Nursing and Pharmacy regarding collaborative practice. These regulations became effective September 30, 1996.

Additions 1999-2009

In 1999, Section 335.068, expungement of inmate complaints, and Section 335.097 which provided subpoena power for the Board were added.

November, December 2009, January 2010

- Several changes, effective August 31, 2007, were made including:
 - Sealing of complaints if no discipline
 - Impaired Nurse Program
 - Expedited hearings
 - Notice of hearing by publication
 - Minimum standards for schools of nursing revised
 - In 2008 the following changes were made:
 - Provision for a Retired license status
 - Ability for the Board to grant a certificate of controlled prescriptive authority for an advanced practice registered nurses who meets the requirements listed
 - Protection for the title "nurse"
 - Ten years after the first five states joined together in a **Nurse Licensure Compact** for mutual recognition of nursing licenses, Missouri joined them with passage of bills filed by Senators Scott Rupp, Jim Lembke and Don Wells. The implementation of the Nurse Licensure Compact is not yet complete. However, the Board and Staff are ready and willing to tackle this new change in their usual manner. The implementation is scheduled for June 1, 2010.

The Nursing Practice Act and associated regulations will continue to evolve over the coming years in order to better meet the need to protect the public. By continuing to regulate the training programs for nurses, license qualified individuals and ensure safe practice of current nurses, the Board will move into the future knowing it will make any necessary changes to keep up with the ever-evolving profession of nursing.

NURSING EDUCATION



Class of 1905, St. John's Hospital Training School for Nurses, Joplin Lulu Raney, Ida Mereel and Blanche Patterson

Early Years

In the first years (1911-1920) following the passage of the 1909 Nursing Practice Act, forty seven nursing programs were approved. The Missouri State Board of Nursing determined the curriculum for all nursing programs, even the textbooks that

were used. The courses of instruction had to be at least two years in length with the majority being three years in length.

Also required was a rigorous probationary period which lasted two to four months. Students were called Probies and were not allowed to wear the program cap or full uniform until they successfully completed this first portion of training.

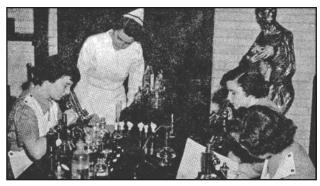
The probationary period included the following instruction:

- 1. Requisites of a woman taking up the study of nursing as a profession.
- Personal life of a nurse. Care of bedroom, bath rooms, etc. at the nurses' home.
 Charts, charting; attention to be extended to the
- newly admitted patient; care of patient's clothes; care of clothes closet; care of patient's valuables.

 4. Mechanism and care of wheel chairs, hospital
- furniture, bedside tables, back rests, house telephones, signals, fire drill, etc.

 5. Care of vacant rooms; preparation of private room
- for admission of patient.
- 6. "Hygiene for Nurses." McIssac, Chapter 1, 2, 3.
- 7. Care of refrigerators; bath rooms; care and disinfection of bed pans, urinals, waste-baskets, rubber gloves, sputum cups. Care and disinfection of all discharges; care of mattresses, pillows.
- 8. Clean linen. Folding linen. Care of soiled linen.
- 9. Cleaning, disinfecting and making empty beds. Care of patients' back, mouth, nails and hair.
- 10. Making of occupied beds; position of patient; fracture beds; ventilation.
- 11. Temperature, pulse and respiration (At this point in time the taking of blood pressure was not allowed by a nurse, this was considered to be a medical procedure).
- 12. Baths. Cleansing; bed bath; tub; foot; showers; sitz. Hair washing.
- 13. "Hygiene for Nurses." McIssac, Chapter 4, 5, 6. 7, 8.

100 Years continued from page 8



Microbiology class for "preclinical students" at Washington University School of Nursing

The clinical lab or Practical Demonstration during this period included:

- Beds, Bedding, bed making, with and without patient; management of helpless patients; changing bed, bed making for operative patients; rubber cushions; bed rests; cradles; hot water bottles; arrangement of pillows, etc.; substitutes for hospital appliances.
- Sweeping, dusting, ventilation-importance and methods of preparing rooms for Patients in private practice-in institutions; disinfection of bedding, furniture, etc; care of patients; dusting in wards and private rooms; disinfection of infected or infested clothing.
- Care of linen rooms; refrigerators; bath rooms; and appliances; hoppers; bath tubs; etc.
- Baths–First sponge to reduce temperature; foot baths; vapor baths; and hot packs.
- 5. A demonstration of rectal injections, for laxative; nutritive; stimulating; and astringent purposes; care of appliances; disinfection of excreta.
- Vaginal douche; methods of sterilizing appliances, use and care of catheters; vesical douches; rectal and colonic irrigations
- Local cold and hot applications; making of poultices; formentations, compresses; methods of application; use and danger of hot water bottles; uses and care of ice caps and coils.
- Chart keeping; methods of recording bedside observations.
- Making of bandages-roller, many tailed, plaster, abdominal, breast, pneumonia jackets.
- Methods of applying roller bandages.
- Methods of applying other bandages.
- Appliances for ward examinations and dressing; sterilizations of ward instruments; nurse's duties during dressings.
- Preparation of patients for operation; hand disinfection.
- Preparation and care of surgical dressings, sponges,
- Tray setting and food serving; feeding of helpless patients; management of liquid diet.
- Administration of medicines.
- 17. Care of the dead.
- Symptomology-the pulse; correct methods of examining the pulse; volume, tension, rhythm, rate, etc.; effect of exercise, emotions, baths, drugs, shock and hemorrhage.
- The face in disease-the skin; expression, eyes, mouth, teeth, etc.; general observations of the body.
- Respiration—normal and in respiratory affections.
- Pneumonia-respiration, cough and sputum; crisis and lysis explained and charts shown.
- Typhoid fever-face, rose spots, temperature, charts, changes in temperature and pulse explained; danger signal; prophylactic measures; methods of managing delirious patients; proper restraint, etc.
- Specimens of excreta-urine, sputum, feces, etc.; nurse's duties regarding each; importance and general management.

Upon completion of the Probationary Period the successful student received her cap and full uniform. This rite of passage into nursing was called "Capping" and was a significant milestone.

State Board Exam Questions of 1922 that would relate to **Probationary Period include the following:** Care of the Sick

January 19, 1922

(Answer 10 questions only)

- Tell how to change the under sheet of a bed with a
- How do you give a soapsuds enema? Give amounts of what you use and the way you do it.
- How would you keep the weight of bedding off an injured foot?
- How do you take a pulse?
- What is the best way to feed a helpless patient?

- How do you comb a patient's hair when she is in
- What is the daily care of a sick patient's back?
- How do you fill a hot water bottle? 8.
- 9. What is the daily care of the sickroom? How would you turn a sick person in bed?
- How would you get a room ready for fumigation? 11.
- How would you give a baby a bath?

Practical Nursing

(Answer 10 questions only)

- How do you prepare a tub for a patient?
- What care should you take of mattress, pillows and blankets while in use by a patient?
- How do you help a person out of bed?
- 4. How do you fill an ice bag?
- How do you change the nightgown of a bed patient? 5.
- What is the regular evening care of a bed patient? 6.
- How would you dispose of soiled dressings in care of a patient in her home?
- What are some causes of bed sores?
- What is a normal temperature? A normal pulse?
- 10. How should bed pans and urinals be cared for?
- How do you scrub your hands?
- What is the best way to lift a helpless patient?



Anatomy Classroom-St. Louis City Hospital School of Nursing 1957

Current Education

Nursing education Missouri has changed also the last 100 years. When the Nursing Practice Act came into existence, most nursing schools were programs diploma associated hospitals and many were one or two year

programs. Today, Missouri has just one diploma program, 35 Associate Degree Programs, 22 Baccalaureate Degree Programs and 45 Practical Nursing Programs. Instruction now includes state-of-the-art clinical simulation laboratories as part of the learning experience. Several of the staff members from the Board of Nursing recently toured such a facility at the College of the Ozarks in Point Outlook, Missouri. The students use life-like simulation models to learn about patient care. The "patients" breathe, have a pulse and blood pressure, and can be programmed to simulate a variety of illnesses. The interactions are recorded and can be replayed for further discussion and learning. The Board staff was able to observe students learning about administering medication and view several simulation models including a newborn baby. The director of the program, Dr. Janice Williams, RN, also advised the visitors that the students recently participated in a disaster drill on campus. With the help of the drama students (posing as patients in need of care), the nursing students were able to learn first hand what to do in the event of an emergency.



Students at College of the Ozarks tend a simulation model patient while observed and recorded for further teaching opportunities.

(Photo used with permission by College of the Ozarks)

THE TEST!

In the early part of the twentieth century, legislatures began mandating licensing exams for nurses. The focus of testing was then and continues to be on measuring the level of skills and knowledge considered necessary to assure the competence of each individual requesting permission to practice. Although the focus remains the same there have been significant changes in the process since that time.

The first licensing exams were prepared by individual boards of nursing and contained largely essay questions. At

the meeting of the Missouri Board of Nursing Examiners in 1913 it was determined that:

The mode for selecting the examination was as follows: lists were submitted by all members of the Board, Miss Gerding having sent hers by mail, and it was decided that the final lists should be compiled from the entire number, by Mrs. Freytag and Miss Forrester, and presented by them to the other members at time of examination.

At that time, Missouri's training schools had no standard course of training so the Missouri State Board of Nursing Examination had a difficult time compiling examinations which contained questions equally suited to all. It took 11 months to create that first examination!

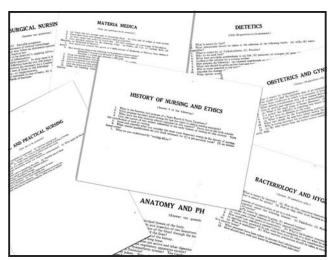


Nursing Postcard circa 1912

The first examinations for registration in Missouri were held in Kansas City's Coates House on June 3 & 4, 1913 and at St. Louis' Planters Hotel on June 5 & 6, 1913. Thirty-three nurses presented themselves for examination. Of these, only 12 made the required average of 75%. Half of the 12 failed to make the required passing grade of 60% on every subject.

Graduates were reexamined in those subjects where they had been graded below 60%.

The first day of the two-day examination covered content regarding Dietetics, Urinalysis, Surgical Nursing, Gynecology and Nursing Ethics. The second day of testing consisted content regarding Medical Nursing, Bacteriology, Anatomy and Physiology, Nursing the Insane, Nursing of Children, and Materia Medica..



Above are samples of test questions from the early 1920s. These questions were printed on very thin paper and found in a Scrapbook of old test questions at the Board office. Below are some other questions from the same time period.

Although these questions are not from those first examinations, here are some samples of early examination questions taken from the December 1921 exam.

QUESTIONS ON MEDICAL NURSING

(Answer 10 questions only)

- Give your method for a hot pack. In what disease might this be ordered?
- Give nursing care of a paralyzed bed patient.
- What is the purpose of a test meal? How is it prepared and how does a nurse assist in the giving of
- How would you isolate a patient? Name four diseases where strict isolation is required.
- Give in detail your method of a temperature bath.
- 6. Name five types of enemata and describe one in
- How would you make a mustard paste? What 7. precautions would you take in applying the same? Give the nursing care of influenza. Give two
- common complications of Influenza. Name a disease in which diet is the chief treatment
- and outline the Principle of the dietary. 10. In teaching a probationer to make a bed with a
- patient in it, what Points would you emphasize? What is a dicrotic pulse? In what disease might you observe it?
- Describe the care of mouth in typhoid. Why is this 12. important?

QUESTIONS ON SURGICAL NURSING

QUESTIONS ON SURGICAL NURSING

100 Years continued from page 9

(Answer 10 questions only)

- 1. Describe post-operative care following perineorrhaphy.
- 2. Write at least fifty words on the importance of preparation for an anesthetic.
- 3. Describe two methods of hand disinfection.
- 4. In what ways may clean wounds become infected?
- 5. What measures are commonly used to arrest inflammation?
- 6. Tell how you would prepare rubber gloves for use in an operation? How care for them after use?
- Explain what complications must be watched for following an appendectomy.
- 8. Give three points which need to be noted in using an Extension apparatus.
- What would you have ready for the doctor and how would you prepare the patient for a lumbar puncture?
- 10. Give symptoms of internal abdominal hemorrhage.
- 11. Give first aid care of fracture of femur.
- 12. Give preparation and after care of a case of mastoiditis





Missouri Hospital Operating Rooms 1900's and 1950's.

The members of Boards of Nursing continued to write examination questions through 1945, after which time questions were taken from the National State Board Test Pool. The shift to standard exam nationwide was accomplished gradually on a state-by-state basis.

SBTPE-State Board Test Pool Examination

In 1942, at a conference for state board examiners, the members adopted a resolution requesting the National League of Nursing Education (now the NLN) Committee on Nursing Tests to assist individual boards in adopting questions for machine scoring. Staff of the NLNE Committee prepared drafts of all tests for inspection and review by each board of nursing. The State Board Test Pool Service was created in 1944 and by the end of that year 23 states had administered one or more of the test pool exams. By 1951 all 48 states and the District of Columbia were using the test pool service.

Exams were two-day paper and pencil tests. Testing was scheduled a limited number of times throughout the year. Subjects covered were Medical Nursing, Surgical Nursing, Obstetric Nursing, Nursing of Children and Psychiatric Nursing.

During the 1970s a study of the validity of the State Board Test Pool Exams was conducted. A part of that study defined then current behaviors in practice and the current test plans are based on those behaviors.

NCLEX®-National Council Licensure Examination

The move to the NCLEX-RN® licensure examination helped answer questions concerning uniformity of examination questions, scoring, and administration conditions. In 1980 the Delegate Assembly of NCSBN adopted a test plan for use in construction of NCLEX-RN® and the NCLEX-PN® examinations. Both test plans included the integration of all areas of nursing. In other words, only one passing score was established and reported. In 1982 the NCLEX® examinations

were implemented.

The following article was originally published in Board of Nursing Newsletter, Winter Issue, 1991, and gives a glimpse of what it was like to take the pen and pencil nursing examination.

A VISIT AT THE STATE BOARD EXAMINATION Written by Marcile R. Lewis, PN Coordinator, Warrensburg Area Vocational Technical School

On September 11, 1991, I received a long awaited letter from the Missouri State Board of Nursing. The letter invited me to the practical nurse licensing examination. The letter asked me to arrive at 9:00 a.m.

I arose at 5:00 a.m. on October 16 so I could be at the University Plaza Trade Center in Springfield on time. When I arrived at 8:00, a line of nervous graduates was already forming in the parking lot. Vada Arrowood, lead examiner, greeted and admitted me to the testing center. After introductions to the Board of Nursing staff, they gave me two books to read. One book described the strict security precautions. The other book provided procedures and job descriptions for the proctors. Following this Lori Scheidt gave an oral presentation to the proctors. The staff made me feel welcome. They were most gracious in anticipating my questions and providing me with information about the procedures.

At 9:00, the parking lot was full of people. The door opened and the applicants filed in two by two. Team members checked admission cards and directed the applicants to pre-assigned seats. Many requested permission to use the bathroom, since they had been waiting in line for some time. Some had questions about errors on their admission cards. The team told them to check with the table proctor.

It took approximately 40 minutes to get the 955 graduates seated. There were 28 tables with 35 chairs each. It took another 30 minutes to give the general instructions about the Board of Nursing, introductions of examination team, placement of belongings, location of rest rooms, lunch arrangements, availability of examination results, uniqueness of examination, and uniformity of administration. Only their admission card, the provided pencil and the test could be on the tables. They were to place all other materials on the floor under the table. Ms. Arrowood told them each examination is unique and is not administered again. This is the same test administered throughout the United States on the same day under the same conditions. Table proctors then distributed the tests while checking seating labels, admissions card and identification. Ms. Arrowood then read specific instructions verbatim from the procedure manual.

The graduates entered the testing room at 9:00. The testing actually began at 10:17. They had two hours for each test. During the testing, the examination team monitored closely for any attempt to cheat. Some finished within 55-60 minutes. They indicated they were finished to the table proctor, then checked out one at a time. The proctor verified their identification again and placed a green dot on the admission card. The team member by the exit door checked the green dot also as they exited and informed them to return at 1:30 for the second test. If they wanted to go to the bathroom, staff told them they had to use one outside of the testing room.

The parking lot began to fill with waiting families and friends. The crowd grew as applicants also gathered waiting for their classmates. It became very noisy. Repeatedly, the staff talked with them, but their enthusiasm was hard to control. In orientation for future graduates, it would be valuable to caution them to move away from the exit door to minimize noise level for those remaining in the testing room.

Ms. Arrowood announced when fifteen minutes remained of the testing time. When the time had ended, she told them to close the test booklet and put down the pencil even if they had not finished the test.

Within fifteen minutes of the exiting of the last applicant, the staff had inventoried and packaged the tests under specific security arrangements. They were ready for the mail service to pick up.

At 1:30, the graduates entered very quickly and were in their seats within 15 minutes. Instructions took only 15 minutes this time. At 2:07, they began the test.

The excellent organization of the Board of Nursing impressed me. They administer four tests a year. They were ready for the students and seated them in a timely manner. They have this down to a science. Within 30 minutes of the closing of the second session, the tests were on the way to the testing service.

The staff members were strict with the graduates, but also kind and pleasant. Besides insuring the strict security of the test, providing an optimal physical and emotional environment was their priority.

Security measures impressed me. The tests were never unattended. Proctors signed them out and were accountable for them until they were repackaged. The tests were never out of their control. If a graduate had to go to the bathroom, he/ she had to close the test. A proctor secured it until the graduate returned. The examination team cannot look inside a test booklet. No one can read the questions except the graduate. If

November, December 2009, January 2010

someone needed a tissue, they had to raise their hand, and staff provided one for them. The movement of chairs and coughing echoed in the cavernous room. Any time the graduate moved around in the center, she/he had to have the admission card in her/his possession.

If it was necessary to use any type of aid or any accommodation for any of the graduates, this was documented for the testing service. Any incidents different than the prearranged plan were also documented.

The staff was extremely gracious to me. I was only an observer, but they shared information that they could with me. I was free to walk among the tables and watch the procedure as long as I had no contact with any of the graduates.

The examination team impressed me. There were approximately 35 quality proctors to work with the 8-10 Board staff. The staff wore easily identifiable red knit shirts with MOSBN on the back. Proctors had name tags. These volunteer proctors receive a minimum stipend to assist. These are quality people who took this job seriously. They were friendly, but firm. Many are experienced, nonworking or retired professionals who know and understand students and security. They want to provide an optimal environment for success, but maintain the extreme measures.

I felt excitement and concern about being a part of this examination. I wondered if my presence might some how be detrimental to the performance of my 24 graduates. Would my being there put them at ease or would they feel more pressure to perform well on the test. Our graduates had experienced a mock board examination. It had been very traumatic for them because the faculty and I had been very strict and stern. Since we had put such pressure on them in the mock boards, I felt they may feel this same pressure at seeing me.

After the afternoon test, I visited with some of our graduates as well as two from Booneville and two from Sedalia. They all stated that the mock board exam had been very beneficial. Yes, we were more strict, stern and unfriendly. They felt the conditioning prepared them for the actual exam. The actual exam was not as stern; therefore, they were able to relax when they saw that the pressure was not as great. All expressed gratitude for the experience of the mock examination.

Computer Adaptive Testing

On April 1, 1994, candidates for nursing licensure began taking the National Council Licensure Examination (NCLEX®) using a computer. At that time over 193,000 students nationally were taking the NCLEX-RN® and NCLEX-PN® each year. The implementation of computerized adaptive testing (CAT) was a significant change from the traditional paper and pencil administration of the exam.

The CAT method for administering tests allows for a unique examination tailored to each candidate's competence level. CAT "adapts" the examination based on the ongoing candidate performance and measures the candidate's knowledge, skills and abilities in a precise manner. The implementation of this type of testing provided many advantages for nursing candidates including year-round testing at four Sylvan Technology Centers, choice of location, availability 15 hours a day, six days a week and less time needed to take the test.

NCS Pearson-October 2002

In 2002, the vendor for the licensing service changed to NCS Pearson VUE. In early 2002 the Board staff and several Board members participated in the Alpha test conducted to test the entire examination process from registration through result notification. The participants in the Alpha test, registered, awaited the authorization to test, scheduled exam dates, traveled to the center in Columbia, went through the check-in process, and actually took an exam consisting of questions that had been discarded by NCLEX®. Once a Beta test with actual applicants was completed the exams were then available at the test centers throughout the state every business day with the results received in two weeks.

Comments from Current and Former Employees

By Lori Scheidt

When current Executive Director, Lori Scheidt, began working for the Board of Nursing there were 12 employees and all staff shared one computer. Each of us now has at least one computer and can't seem to function without one. We have come a long way since then. Technology has certainly made work more efficient but everything has a trade off. I have fond memories of administering the paper-and-pencil NCLEX® examinations and miss the camaraderie of working with all the staff and proctors.

When I first started, Board members would get five threering binders full of materials for each Board meeting. The Board now functions through committees and their materials are provided via secure web link and CDs.

Missouri State Board of Nursing • Page 11

100 Years continued from page 10

The one constant during my tenure has been the dedication and commitment of staff and Board members.

"Change is the law of life and those who look only to the past or present are certain to miss the future."

—John F. Kennedy

By Florence Stillman

Former Executive Director Florence Stillman noted in her farewell address in 1997 some of the changes that occurred during her 13-year tenure. In addition to the introduction of computers into the daily business, she commented on several other changes that took place. One of the major changes was the change from paper and pencil exams to computer adaptive testing. She went on to say that she was proud of the part Missouri played in the initial research performed in the development of that exam. Another change was advanced practice nursing regulation. At the time of her writing, the changes in this arena were not yet all completed and in fact, changes continue to be made today. It is interesting to note that as Ms. Stillman was leaving the position of Executive Director, she looked to the future. One of the things she foresaw was mutual recognition (compact licensure). She felt this was a concept whose time had arrived. It may have surprised her that it took over ten years before it was finally passed in Missouri. She also recommended curing the ills of our present health care system by returning to a system based on community spirit. She felt that nursing care should have a strong place in the health care of the future. Nurses should go into the everyday lives of people and influence, teach by example, make health and nursing care once again "up close and personal", and get back to the type of system where the community is the center of all activities including health/ nursing care.

By Linda Strobel

After working for the Board of Nursing for 25 years, former employee, Linda Strobel summed up the changes she had seen over the years. "In 1973 when I started working for the Board there were only ten employees, 35,475 RNs and LPNs and we had to do everything by hand; now we have 25.5 employees, 96,641 RNs and LPNs and everything is automated by computers. I believe that we have improved the licensure processing time and have better communication with the licensees, professional organizations and the public."

Comments from Former Board Members

By Rose Marie Hilker, RN–served on the Board from 1977-1981–article originally published in the June 1981 issue

I cannot believe that four years can go by so swiftly. On June 1, 1981, my term as a member of the Board will expire, and although I will continue to serve until replaced, that somehow feels very temporary.

I think everyone who serves a term on the Board should be awarded a PhD. You learn more than you would in most academic programs. Certainly there have been numerous events during my tenure that have changed the perspective of the Board in many ways. I like to think that through the creation of the Public Agenda, nurses throughout the state are now aware that the Board is responsive to their concerns, as well as accountable for their decisions. We are the only Board that maintains a guest book, and which has 20-60 constituents at each meeting.

When I joined the Board, Vivian Meinecke was Executive Director. We had been friends for years, but I saw her in a very different light when I began to serve on the Board. Shortly thereafter, we realized that her illness was progressing at an alarming rate. After her death in April of 1979, the Board had to assume many responsibilities, and since I was the only officer at that time, we were under a good deal of stress to continue our routine activities, support the staff who felt Vivian's death very keenly, visit schools, and formulate a search committee to fill the vacancy. Margaret Driver served as Acting Executive until July of 1980 when we were able to fill the position.

One of the major achievements during my term was the revision of the Minimum Standards for professional schools of nursing. Until you actually are involved in that sort of an undertaking, you cannot imagine the amount of time and effort it requires. There were times when I thought that if we ever got them to a consensus stage I could die happy. Having been through that process once, I would anticipate that the practical nursing revisions would be somewhat easier. We are starting on them this fall.

There were many memorable occasions over the years. Who can forget the definition of the practice of medicine, which, if implemented would have unemployed not only nurses, but med techs, pathologists, physical therapists and

even mothers.... or John Ashcroft's Opinion #32, and then #105... Senate Bill 888, followed by SB 16 and SB 61... meetings with nurse practitioners to try to meet their needs for protection and recognition... what to do with lapsed licenses... One happy decision which is bearing much "fruit" was our hiring of Mary Sue Hamilton. Did we get lucky!

It has been an exciting, demanding, busy four years. I wouldn't have traded it for a Ph.D. I appreciate the support and involvement of professional and practical nurses from all over the state that are beginning to be responsive to our pleas for involvement and concern about protecting the consumer of health care in Missouri. This Board has worked hard, made some very difficult decisions, and has been a united voice for nursing. I wish the same for future members.

By Sharon Lee Brake Summers, RN. PhD-served on the Board from 1979-1981, Graduate of Burge Hospital School of Nursing (now Cox College) in Springfield, MO in 1956, BSN from Madonna University, Livonia, Michigan 1972, MSN from St. Louis University in 1975, PhD in Nursing from University of Texas, Austin, TX in 1985, Golden Award commemorating 50 years of service as a registered nurse in 2007

I served on the Board from 1979–1981 with Mary Lou George, Marlene Grissum, Midge Hilker, Virginia Collins, Norma Wolfe and Gueniver Gevecker.

My name was submitted to the office of Governor Joseph P. Teasdale on December 12, 1978 by Carl Yates of the Law Firm, Yates, Mauck and Robinette, Springfield, MO and forwarded to Governor Teasdale on January 18, 1979. I was accompanied to my confirmation hearing by Senator Paul Bradshaw and was confirmed on March 14, 1979 for a term ending June 1, 1982. At the time, I was residing in Springfield. I resigned my position from the Board in 1981 because of work obligations and to attend Graduate School.

Vivian Meinecke was the Executive Director at the time of my appointment. She was terminally ill and died shortly afterwards. She was temporarily replaced by Margaret Drive, Associate Executive Director until the appointment of Mary Sue Hamilton in 1980.

Our Board instituted many changes during my term. For example, two weeks prior to meetings, Board members would receive two to three copy paper size boxes of materials that were in no organized order. We were expected to sort, organize, read, and prepare for discussion. This changed so that materials arrived pre-organized and in notebooks. Next, we changed how the State Board Exams were transported from staff hauling them in the back of a pick-up truck to the test site to security services.

When I took the exam in 1956 testing was held in Kansas City. Sometime later, testing was only held in Columbia. We began offering the exam at testing sites around the state for the convenience of the graduates.

I recall making a site visit with Mary Sue Hamilton, where we flew in a very small private airplane on a very windy day to a site visit to a psychiatric hospital in Iowa. It looked like the hospital in *One Flew Over the Cuckoo Nest*; the architecture was Victorian. A diploma program was still using this facility when psychiatric care was mostly outpatient and psychiatric hospitals were closing.

As a Board member, I can recall working very hard at Board meetings. Substance abuse was just beginning to be a large problem and it was, and is still, so sad that anyone would risk their professional license through drug use. Although it was a great deal of work, I enjoyed proctoring the State Board Exam and meeting all those future nurses.

By Mary Mitchell, RN, served on the Board from 1984-1988

I served on the Board as a Governor Bond appointment in the 80's and served as President from 1986-87. My position was as a representative of practical nurse education.

During the appointment period, the Board did not function in committees nor have professional administrative staff for discipline, education and licensing. The Board reviewed all proposed education programs and changes, all matters of approval to sit for boards, discipline determinations and visits with licensees on probation, as well as make Nurse Practice Act interpretations and regulatory oversight related to nursing matters. I recall receiving three to four large boxes of materials to review for meetings and putting in very long and intense meeting days. During this period of time the certified medication technician rules were finalized and the regulations allowing IV therapy in the scope of practice for LPNs were developed. The Board Members often did not agree and there were spirited discussions before final resolution.

It became increasingly clear the Board could no longer "do it all". The movement to committees progressed, again with spirited debate, fearing the Board was discharging their responsibility to protect the public by delegating any of the current Board's functions to committees. It has been interesting to watch how the Board has moved in the direction of the decisions that were made at that time.

Being on the Board was a very educational experience. Like a lot of nurses, I began that assignment not really knowing the difference between a statute and a regulation. I would encourage anyone given the opportunity, to serve as a Board Member. Ultimately, what I learned during those years facilitated the position I have held in nursing since that time.

The experience was also a whole lot of fun! Exhausted Board Members always gathered up for dinner and wonderful friendships were made—it was a great time and made for good memories!!

By Susan A. Morgan, PhD, RN, served on the Board from 1991-1994 (article originally published in Board of Nursing Newsletter– Spring 1992)

Like many of you, I first became cognizant of the "doings" of a State Board of Nursing when I "sat" for the State Board Exam. For me, that was some time ago in the state of Massachusetts. I became further acquainted with various state boards as I traveled throughout the United States with my military husband. Frequently, my first contact with my new state of residence was with the State Board of Nursing regarding endorsement to practice. My contacts were positive and I would often wonder how one became a member of a state board. I continued my nursing career as a nurse educator and became more familiar with the Board's educations policies, rules, and practices. I began to have a better understanding of the scope of activities conducted by a board of nursing. I even attended several Board meetings as an observer to further educate myself. I decided being a board member was something that I would like to do-it was something that I believed I could do and do reasonably well, but still I wondered, how does one go about becoming a board member? I was under the impression that you needed to "know" someone to be appointed to the Board-that you needed to have some political ties to someone. I had been too busy practicing nursing, raising a family and completing my education to develop the political ties I assumed necessary for a board appointment, so I tucked that thought in the recesses of my mind and went on about things.

It was in a January meeting of the 10th District Nurses' Association that a report was given by one of our MONA Board members indicating that if anyone was interested in a State Board position to please let her know. I was amazed! Beginning at the grass roots level—could this really be the way it happens? I immediately let her know I was interested but needed to determine which position was open on the Board. It was the slot for the baccalaureate education representative—perfect! "What did I need to do?" I asked and was told that I would need some supporters, especially a senator.

Although I wasn't sure I could secure the supporters that I needed—I had never done this before—I decided to persevere and went about soliciting support. I contacted the President of MONA and asked for her support and advice which was forthcoming. I contacted one of my representatives and my Senator—Senator Caskey—and then solicited support from community leaders such as the Mayor of Warrensburg. It was through Senator Caskey that my name was placed in the "pot" of individuals seeking appointments with various boards and commissions. From that time on, it was a waiting game. It was almost a year later that I was contacted by the Division of Professional Registration for an interview. I was unsure if I had competition or not but I was learning a great deal from the process and already felt good about what I was doing.

I was called early in 1991 and informed that I would need to come to Jefferson City for a Senate confirmation hearing for an appointment to the State Board of Nursing. All went well and I am completing my first year as a Board member. It is an experience that I would recommend to everyone. Many decisions the Board makes are hard decisions and/or sad decisions because they involve nurses' licenses, but they are necessary decisions to protect the public. Good seems to come of many of these tough decisions also as nurses who have been disciplined change their behavior and once again become productive members of the nursing profession.

The moral of all of this is that if you are interested in being a Board member, pursue that interest. It can happen and it truly is well worth the effort.

By Paul Lineberry. PhD, Public Member, served on the Board from 1996-2003 (Article originally published in the Board of Nursing Newsletter– August, September, October, 2003)

I have completed two terms on the Board and the time has come for me to leave. So what are my impressions after serving as a Board member?

1. There is a trade-off when a nursing license is obtained. After passing the license exam, the license is granted and the license holder is assumed to have certain basic skills and knowledge. While this license allows easy entry into the nursing profession, the employer expects (assumes) the license-holder will be competent in performing certain tasks. If it

November, December 2009, January 2010

100 Years continued from page 11

- is found that this competency is lacking, a complaint may be filed and discipline be applied under the Nurse Practice Act. Thus, the trade-off: with a license, one can practice as a nurse, but the license can be sanctioned or revoked for improper conduct.
- 2. A deep sorrow for those who have been sanctioned or disciplined—they have worked hard to earn their licenses and for various reasons (knowledge, skills or attitudes) have failed to perform in the manner required of a license holder. The various disciplinary measures applied by the Board, hopefully, will help the person gain control of their lives again. But this can be an arduous and expensive task.
- 3. An awareness of the dangers of drug use. As a member of an older generation, drug use and its destructive influence on lives has been an eye-opener. I was not sure at the beginning whether there was such a thing as "addiction" but I believe in it now. More importantly, casual use can lead to more destructive use, as can attempts to relieve severe pain.
- 4. Serving as a Public Member has been an interesting and invaluable experience. I have had an opportunity to learn about an important profession. I have learned a lot about the problems nurses face and have had a valuable personal experience. Finally I have enjoyed working with all the Board members and the staff. Both groups are extremely competent and perform a very important function.

By Robin S. Vogt PhD, RN, FNP-C served on the Board of Nursing from 1997–2005

I had the opportunity to serve as a board member for two terms. Coming to the Board I didn't realize what being a Board member was all about. Serving on the Board of Nursing was one of the most satisfying professional experiences I have had. It is a tremendous amount of work and commitment and all voluntary, but taught me so many things. The Board staff is very dedicated to the running of everyday business. I had the opportunity to be involved on the National level and share experiences across jurisdictions as well.

The one thing it did do was teach me patience. Anything that legislatively happens seems to take forever, but the importance that each word is looked at so there aren't any hidden meanings in the laws is vital. I learned there is no way to please everyone, no matter what is done. Decisions are made that are the best for the profession, not just for you. It was rewarding working with all the Board members and listening to them speak to areas in which they were experts. Each of us was different and brought different areas of knowledge to the table to help make decisions.

I get a lot of comments about the discipline sections in the paper like, "Wow! That seems harsh for what is listed that he/she did". I explain that the practices listed are what the licensee can be disciplined for, but there were probably many mitigating circumstances that helped make that decision. With over 1,000 complaints against nurses annually, there were times when you began to think there were problems with all nurses. However, 1,000 was less than 1% of the total nurses for the state and I am proud to be in the profession who still ranks #1 in most admired and trusted by the public.



Feeding a Baby in 1912.
Public Domain Photo by A. Jackson Co., Baltimore, MD



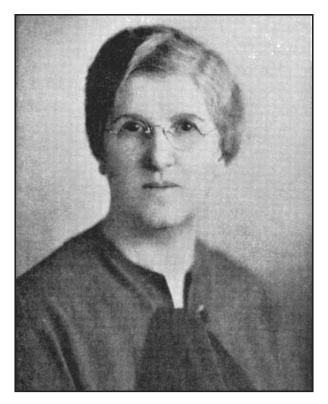
OB nurse, Debbie Caminiti.
Photo courtesy of St. Mary's, Jefferson City.
Used with permission.

Changes and More Changes

In a 100-year period it is certain that things will change. From the simple fact that the people responsible for beginning this endeavor are no longer here, to the changes wrought by technology, things are no longer the same as they were in 1906. Our records show that the Board was first located at the Chemical Building in St. Louis and then moved to Jefferson City in 1924. The Board occupied several locations in downtown Jefferson City until 1974 when they moved to a location on the west end of town on North Ten Mile Drive. In 1990 the Board moved about a half a mile to the current location at 3605 Missouri Blvd.

It wasn't until 1939 that the law provided for the "establishment of an office staffed by a full-time executive secretary and such clerical help as was needed." We do not have the records of how many individuals that turned out to be, but in 1986 when our current executive director, Lori Scheidt began working for the Board, there were 12 staff members. Since that time additional employees have been added to a current total of 28 staff members. The staff is responsible for carrying out the directions of the Board members and work in the areas of administration, education, licensure, practice, legal, investigation and discipline.

There have been at least 13 individuals serving as Executive Secretary or Executive Director of the Board plus numerous education inspectors and associate secretaries.



Jannett G Flanagan, RN

Executive Secretary/Director	When
Jannett G. Flanagan, RN	1923-1934
Miss Laura Layher, RN	1934-1949
Miss Catherine P. Geuss, RN	1949-1959
Jane Rogers, RN	1959-1967
Emylou Keith, RN	1967-1969
Vivian D. Meinecke, RN	1971-1979
Margaret J. Driver, RN, Acting ED	1979-1980
Mary Sue Hamilton, RN	1980-1984
Bonnie H. Greer, RN, Acting ED	1984-1984
Florence McGuire/Stillman, RN	1984-1997
Marcia Flesner, RN	1997-1999
Calvina Thomas, RN, PhD	1999-2001
Lori Scheidt, BS	2001-present
•	1

Keeping up with Technology

One machine can do the work of fifty ordinary men. No machine can do the work of one extraordinary man.

~Elbert Hubbard, The Roycroft Dictionary and Book of Epigrams, 1923 As all of us have done, the Board of Nursing has also had to make technological changes over the years. Many machines (phones, computers, faxes, etc) have been purchased and processes have been initiated, reviewed, tweaked and upgraded. In the end, even with technology the Board finds it still needs the personal touch. While others may be going to a complete automated system of answering phone calls, Missouri is proud to still be available "live" for answering phone calls and for walk-in services. Even so, we certainly have added many technological changes over the years. Our records in this area only go back so far, but to keep up with technology here are a few of the changes made.

1969-A 2nd phone line is added

1983–The Board is allowed to accept personal checks as well as cash, money orders or bank drafts

1989–Due to the volume of work, the board appoints committees consisting of Board members to expedite the matters before the Board

1990–A main phone line plus five additional lines is added 1990–A shared fax line located in the Administrative office across the street is available. (A four-page newsletter article advising what is acceptable by fax is published)

1994—The Board has their own fax machine available

1996-Biennial Renewals

1997–The main phone line plus ten lines is available

1997–The Board has a web page and email is available for staff members

1999–The Board's quarterly newsletter is sent to all licensees and other individuals at no extra cost to licensees

1999–New licensure database system (PROMO) is implemented

2000–Two fax machines are available and each staff member has their own computer and phone

2002 Imaging system replaces microfilm for records maintenance

2004–Review and revision of the Board's investigation processes results in a Governor's Award for Quality and Productivity being awarded to the Board of Nursing for saving money and time by increasing efficiencies in business processes, goods and service delivery to Missouri citizens

2004–Online renewals are available

2005-Updated credit card style licenses are issued

Topics of Discussion over the Years

In reviewing the newsletters published since 1968, the following topics (in alphabetical order) have been visited in numerous issues:

- Advanced Practice Education-Doctorate of Nursing Practice
- Alzheimer's Reports
- Boundaries
- CEUs-should they be required for renewal?
- Chemical Dependency
- Delegation
- Disaster Planning
- E-Learning
- E-Push Technology
- Fingerprinting/Background Checks
- Golden Awards
- Identity Theft
- Impaired Nurses and Programs to help them
- Imposters
- Mandatory Reporting
- Mutual Recognition
- Nurse Student Loan Program
- Nursing Shortage
 Pain and Symptom
- Pain and Symptom Management
- Patient Abandonment
- Patient Safety and Just CulturePrescriptive Authority
- Recruitment of Foreign Nurses
- Scope of Practice Issues
- Shermchief vs Gonzales Telenursing
- Training to Avoid Medical Errors
- Unlicensed Assistive Personnel

Sources include:

Supervising RNs and Advance Nurse Practitioners; New Regulations for Missouri published in Missouri Medicine V.94 (January 1997), p17 by Katherine C. Rathbun, M.D. M.P.H. and Edward P. Richards, J.D. M.P.H

Missouri Nurses, The Development of the Profession, Its Associations, and Its Institutions by Edwin A. Christ, PhD, published in 1957 by the Missouri State Nurses' Association (copies of photos used with permission).

Legal Aspects of Health Care Administration, 9th Edition, by George D. Pozgar

Photos from old postcards circa 1912 courtesy of Linda Harris, LPN, Cape Girardeau

Previous issues of the Missouri Board of Nursing Newsletter



Authored by Angie Morice Licensing Administrator

Missouri State Board of Nursing **Licensure Committee Members:**

Charlotte York, LPN Adrienne Fly, Public Member Lisa Green, RN Deborah Wagner, RN

One of the Easiest Ways to Protect

Your Nursing License

Keep the Board informed of your current address at all times! Do this by sending written notice, clearly marked "change of address" to the Board's office any time you move. Failure to do so can result in a lapse of your license and potential disciplinary action. A convenient change form is included in this newsletter.

Online License QuickConfirm

If you or your employer wishes to verify the status of your license, please refer to the free Licensure QuickConfirm found at www.nursys.com. Licensure QuickConfirm provides online license verification reports to employers and the general public. To receive an online verification report, the nurse must be from a Licensure QuickConfirm board of nursing which includes Nurse Licensure Compact (NLC) jurisdictions.

You can also verify the status of a license by visiting our website at http://pr.mo.gov and click on Licensee Search.

IMPORTANT INFORMATION FOR EMPLOYERS OF NURSES IN MISSOURI

Missouri will implement the Nurse Licensure Compact on June 1, 2010. Implementation will affect your hiring of nurses and the verification of licenses.

Please read the following information carefully. Additional information concerning the Nurse Licensure Compact, including the most updated listing of participating states is available at www.ncsbn.org.

Questions concerning the Nurse Licensure Compact may be addressed to Lori Scheidt at lori.scheidt@pr.mo.gov.

What is the Nurse Licensure Compact?

The Nurse Licensure Compact (NLC) is a mutual recognition model of nurse licensure that allows a nurse to have one license, issued by the state in which the nurse claims primary residence, and to practice (physical or electronic) in all states that have entered into the interstate compact (multistate licensure).

Similar to a driver's license, a multi-state nursing license allows a nurse who is licensed in one compact state (called a home state) to legally practice in another compact state (called a remote state). The NLC requires the nurse to adhere to the practice laws and rules of the state in which the patient(s)

The NLC includes registered nurses (RNs) and licensed practical or vocational nurses (LPN/VNs). The NLC does not include Advanced Practice Registered Nurses (APRNs) or IV Authority for LPNs/VNs.

- All APRNs who want to practice in Missouri must obtain a Missouri document of recognition.
- · All LPNs who want to practice IV therapy in Missouri must obtain IV Authority from the Missouri Board of Nursing.

What are the benefits of the NLC to Missouri employers?

The NLC provides greater mobility for nurses and may improve access to licensed nurses during times of need for qualified nursing services.

What states participate in the NLC?

Twenty-four (24) states currently belong to the NLC: Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

How will the NLC affect nurses practicing in Missouri?

A nurse may hold a license in only one compact state and it must be the primary state of residence. Under the NLC, an RN or LPN holding an unencumbered Missouri license whose primary state of residence is Missouri will be issued a compact license and will no longer need an individual license to practice in other compact states.

An RN or LPN holding a Missouri license, whose primary state of residence is another compact state, will be required to apply for licensure in his/her home state. As of October 1, 2007 Missouri licenses of nurses who declare a compact state other than Missouri as their state of primary residency will be placed on inactive status.

An RN or LPN holding a Missouri license, whose primary state of residence is a non-compact state, will be issued a single state license valid for practice only in Missouri. The licensee holding a single state license may not practice in other states unless licensed in the other state(s).

How will an employer know if a nurse's license is valid?

With the implementation of the NLC in Missouri, the continuation of the single state license for nurses who reside in non-compact states, and the possibility that a nurse licensed in a compact state may hold a single-state license, it is important that employers verify the licensure status of all nurses seeking employment in Missouri. License verification will confirm whether a license is designated as a multi-state or a single-state

The Nurse Licensure Compact requires that states clearly identify when a license is valid for practice only in the granting state. Licenses that are valid for practice only in Missouri are designated as 'VALID ONLY IN MISSOURI' on the face of the license and also in the system. Licenses not identified as 'single-state' are multi-state (compact) licenses.

You may access NURSYS to verify licensure status for licenses issued by participating Boards. NURSYS access is available at www.nursys.com. There is NO fee for this service. Contact information for Compact states is available at

www.ncsbn.org.

Employers and/or nurses working in Missouri by virtue of a multi-state license from a compact state other than Missouri are not required to notify the Missouri Board of Nursing.

Endorsing your Missouri license to another **State of Missouri**

To verify your license to another state for licensure, please go the www.nursys.com and follow the instructions. If the state you are endorsing to does not participate in NURSYS, you will need to submit your verification request to our office with a \$30.00 fee. Your request needs to include your name, license number, address and what state you want the endorsement verification submitted to.

Renewing your license

If your license is inactive, lapsed or retired and you wish to renew it, you will need to complete the RN or LPN Petition to Renew, which is found on our website. Do not submit an old renewal form; it will not be accepted. If your license is inactive or retired, you will need to submit the form and the renewal fee, and if your license is lapsed, you will need to submit the form, renewal fee and a \$50.00 lapsed fee. Please see our website for the forms and the current renewal fees.

324.010 No Delinquent Taxes, Condition for **Renewal of Certain Professional Licenses**

All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. If you have any questions, you may contact the Department of Revenue at 573-751-7200.

Name and address changes

Please notify our office of any name and/or address changes immediately in writing. The request must include your name, license number, your name and/or address change and your signature. An address/name change form can be found at http://pr.mo.gov, the form may be downloaded from our website and submitted. Methods of submitting name and/ or address changes are as follows:

- By faxing your request to 573-751-6745 or 573-751-
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

Contacting the Board

In order to assist you with any questions and save both yourself and our office valuable time, please have the following information available when contacting the Board:

- License number
- Pen and paper



Pursuant to Section 335.066.2 RSMo, the Board may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number.

Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

CENSURE

Antoinette Marie Brown Saint Louis, MO.	PN2001015639	Licensee was required to complete fifteen (15) continuing education hours in Care of the Difficult Patient and Anger Management and submit proof of completion to the Board. The Board did not receive proof of the completed hours by the January 17, 2009 due date. The Board did receive proof of the completed hours prior to the date of the probation violation hearing.	Censure 6/10/2009 to 6/11/2009
Linda L. Haskins St. Clair, MO.	RN085813	Licensee was required to abstain completely from the use or consumption of alcohol. On January 6, 2009, Licensee submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.	Censure 6/15/2009 to 6/16/2009
Roxann G. Mahalovich Sedalia, MO.	RN149776	Licensee admitted to diverting IV Fentanyl for personal use in May of 2005.	Censure 6/15/2009 to 6/16/2009
Elizabeth M. Quinton Bonne Terre, MO.	RN2001019178	Licensee was required to obtain fifteen continuing education contact hours in Boundaries. Licensee failed to provide proof of completion of any continuing education contact hours by the documentation due date of April 12, 2009. Licensee did complete and submit proof of completion of the required hours after the due date.	Censure 6/10/2009 to 6/11/2009
Wanda L. Samuels Aurora, MO.	PN011591	On July 16, 2004, Licensee assisted in counting Ativan tablets for a patient that was being admitted. Licensee was assisted by a med tech. Neither Licensee nor the med tech finished counting the Ativan tablets. The Ativan received from the patient remained in its bottle and sat through three additional shifts prior to being destroyed. Licensee failed to accurately document the Ativan and failed to properly dispose of the Ativan.	Censure 8/19/2009 to 8/20/2009
Julie A. Sellers Fenton, MO.	RN123385	Licensee was required to abstain completely from the use or consumption of alcohol. On December 30, 2008, Licensee submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.	Censure 6/15/2009 to 6/16/2009
Gina R. Sibley Kansas City, KS.	RN2003025480	Licensee was required to obtain fifteen (15) continuing education credit hours in Nursing Law and Ethics. The hours were to be completed and turned in to the Board by December 6, 2008. Licensee did not submit proof of completion of the continuing education hours until March 11, 2009.	Censure 6/10/2009 to 6/11/2009

PROBATION

Tonia Marie Auzat Union, MO.	PN2009015535	On June 6, 2002, Licensee pled guilty to the Class B Misdemeanor of Making a False Report in the Circuit Court of St. Charles County, Missouri. On October 10, 2008, Licensee pled guilty to the misdemeanor of Supplying Intoxicating Liquor to a Minor in the Associate Circuit Court of Crawford County, Missouri.	Probation 6/15/2009 to 6/15/2012
Carolyn Marie Bannatyne Kansas City, MO.	RN2007027438	On or about May 28, 2008, Licensee withdrew Percocet for a patient that denied any pain, and reported that she had not required, or received, any pain medication that day. According to the Pyxis report, Licensee withdrew Percocet for the patient at 8:08 a.m., 12:00 p.m., and 4:19 p.m. on or about May 28, 2008. Licensee charted the administration of Percocet at 8:00 a.m. and 12:15 p.m. The audit revealed multiple incidences where Licensee removed narcotics, but did not document them as having been given on the patients' Medication Administration Record. There were also instances where Licensee removed narcotics by overriding the Pyxis system when the patient did not have an order for the narcotic. On or about May 30, 2008, when confronted with the discrepancies, Licensee admitted that she had been diverting narcotics for her own personal use. Licensee specifically admitted to diverting Vicodin and Percocet.	Probation 7/21/2009 to 7/21/2012
Stacey L. Bateman Florissant, MO.	RN142694	On October 26, 2006, Licensee knowingly and intentionally obtained, possessed and consumed controlled substances and prescription drugs within the professional workplace. Licensee misappropriated the prescription drugs Propofol, Zofran and Ketorolac and drug paraphernalia, including a syringe and medical equipment used as a tourniquet, then injected herself in the hospital parking garage. Licensee was found slumped behind the wheel of her car in the hospital parking garage, unresponsive, with a needle, tubing and a partially filled syringe attached to her right arm. On or about October 27, 2006, Licensee's urine drug screen returned positive for the controlled substance, marijuana.	Probation 6/2/2009 to 6/2/2013

The Board of Nursing is requesting contact from the following individuals:

Colleen Brady-PN024390 (current)
Michelle Burch-RN2000162362
Tracy Bynog-PN058788
Clifford Cecil-RN087397
Sheila Davis-PN2001024696
Pamela Johnston-RN2002022598 (expired)
Amanda Kuehn-RN2000151384 (expired)
Susanne Langston-PN050275
Diana McFatrich-RN145424
Vicki McGinnis-PN2001003259
Linda Rowell-PN039938
Michele Diane Smith-RN2006010122
Thomas Tucker-RN098389
Germaine Verrett-PN2004018393
Martha Witcher-RN081502 (expired)

If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to nursing@pr.mo.gov

Georgette E. Brittingham Imperial, MO.	PN048345	On October 5, 2006 Licensee pled guilty to Possession of Methamphetamine. On August 14, 2007 Licensee pled guilty to Possession of Methamphetamine Precursor Drug with Intent to Manufacture Amphetamine Methamphetamine or Any of their Analogs.	Probation 6/10/2009 to 6/10/2014
Janice Elaine Brown Kansas City, MO.	RN2006023881	Licensee was required to abstain completely from the use or consumption of alcohol. On February 19, 2009, Licensee submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol. During her testimony, Licensee admitted that she consumed alcohol in violation of the terms of her probation.	Probation 6/16/2009 to 1/17/2014
Sandra V. Brown Kansas City, MO.	PN041424	On or about November 4, 2006, Licensee checked a nurse aid's blood sugar and found it to be high. Licensee took a resident's insulin and administered 4 units. Licensee administered the insulin without a physician's order to do so and misappropriated a resident's insulin in violation of policy. Licensee was terminated on or about November 6, 2006, for practicing medicine without a license and for misappropriation of a resident's medication.	Probation 6/5/2009 to 6/5/2011
Anissa Thean Conard Independence, MO.	PN2003020467	On or about September 21, 2008, Licensee was charge nurse. At 9:45 p.m., the on-coming charge nurse responded to cries for help from a patient. The patient could not use the call light as the call light had been pulled out of the wall. The administrator spoke with the patient whom stated that a nurse came in, pulled the call light out of the wall, and told the patient that she had been using the call light too much. The patient was able to identify the uniform and the appearance of Licensee. Another patient stated that her roommate was sick and had been throwing up on the evening that the nurse unplugged her call light.	Probation 9/1/2009 to 9/1/2011
Margaret Lea Cravens California, MO.	RN2008005761	Pursuant to the Order, Licensee was required to cause KNAP to submit a letter to the Board outlining Licensee's progress and compliance status with KNAP. The Board did not receive a statues report from KNAP by the February 25, 2009 documentation due date.	Probation 6/10/2009 to 6/10/2012
Michael L. Czerniejewski St. Peters, MO.	RN140065	In or about December 2006, a search of an inmate's cell revealed a number of greeting cards and notes from Licensee. Licensee submitted his resignation letter effective January 18, 2007. Licensee's conduct as alleged herein constitutes misconduct in the performance of the functions and duties of a registered professional nurse. Licensee's conduct as alleged herein constitutes a violation of professional trust or confidence.	Probation 7/21/2009 to 7/22/2009
Kelly J. Decker Raytown, MO.	RN2000147919	Licensee's pre-employment drug screen was positive for alcohol. Licensee made a narcotic error and had the odor of alcohol on her person. During Licensee's shift on May 2, 2008 Licensee was unable to complete assignments. During Licensee's shift on May 3, 2008 Licensee was observed trying to scan medications in the medication room. Licensee repeated this behavior over and over, even though there was no scanner in the medication room. On the night of May 3, 2008 Licensee's behavior was unusual in that she was observed having difficulty remembering who her patients were and she was having trouble passing patient medications. One of Licensee's patients reported that they thought she was chemically impaired because she sat on the bedside, was very chatty and she had a strong odor of alcohol on her person. Co-workers also smelled alcohol on Licensee's breath. Licensee's supervisor informed her that she was to complete her charting and report for a urine drug and alcohol screen. Licensee left the building without providing a specimen or completing her charting.	Probation 7/28/2009 to 7/28/2014

Probation continued on page 17

Michael L. Downing Manchester, MO.	RN073583	Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Pursuant to that contract, Licensee was required to call a toll free number every day to determine if he was required to submit to a test that day. During his disciplinary period, to the filing date of the amended probation violation complaint, Licensee failed to call in to NCPS, Inc. on eighty-nine (89) days. In addition, as of the filing of the amended probation violation complaint, Licensee had not called in to NCPS, Inc. since February 1, 2009.	Probation 6/16/2009 to 6/16/2014
Rebecca R. Fairbanks Kansas City, MO.	PN041915	From April 30, 2004 through January 10, 2007, Licensee was not licensed by the Board to practice as a licensed practical nurse in the state of Missouri. Licensee practiced from May 1, 2004 through October 24, 2006 on an expired nursing license. Licensee did not renew her license until January 11, 2007.	Probation 6/16/2009 to 6/17/2009
James Leroy Foulk Saint Charles, MO.	PN2009015542	On July 25, 2008, Licensee pled guilty to two (2) counts of the Class C Felony of Possession of a Controlled Substance in the Circuit Court of St. Louis County, Missouri.	Probation 6/15/2009 to 6/15/2012
Tamara L. Harper Cook Station, MO	RN155932	Licensee incorrectly documented that she completed a home visit on June 14, 2006 from 9:45 a.m. to 10:15 a.m. when in fact Licensee completed the visit on June 13, 2006. Licensee incorrectly documented that she completed a home visit on June 15, 2006 from 1:00 p.m. to 1:30 p.m. when in fact Licensee completed the visit on June 13, 2006. Licensee incorrectly documented that she completed a home visit on June 8, 2006 when in fact Licensee completed the visit on June 5, 2006. Licensee was terminated on or about June 19, 2006 for incorrect documentation practices.	Probation 8/6/2009 to 8/7/2009
Nancy S. Hedger Florissant, MO.	PN040971	On or about March 11, 2008, Licensee was taking care of a patient and was soaking patient's hand in a warm tub of water to try and soak some dry skin off his hand. When Licensee removed the hand from the water, the hand was swelling and red. On or about March 12, 2008, it was determined that the patient needed to go to the hospital as skin was falling off his hand and there were blisters along the sides of his hand. The skin was sloughing off of his fingers and he had a burn covering almost the entire palm. The Patient had second and third degree burns on his hand.	Probation 9/1/2009 to 9/1/2011
Cammie Lewis Henry Saint Louis, MO.	RN2004022521	Documents were received by the Board from the State of California Board of Registered Nursing Department of Consumer Affairs, that Licensee had been disciplined due to a medical error.	Probation 8/21/2009 to 8/21/2012
Cory Dale Hoover Eugene, OR.	RN2007001687	On December 13, 2007, Licensee withdrew Oxycodone and failed to document the medication as being administered, wasted or returned. On December 17, 2007, Licensee withdrew Oxycodone and failed to document. On December 19, 2007, Licensee withdrew Oxycodone and failed to document. On December 23, 2007, Licensee withdrew Oxycodone and failed to document. On February 25, 2008, Licensee withdrew Oxycodone three times and failed to document. On February 25, 2008, Licensee withdrew Oxycodone twice and failed to document. Licensee also withdrew Oxycodone three times and failed to document. On February 26, 2008, Licensee withdrew Oxycodone twice and failed to document. On March 7, 2008, Licensee withdrew Oxycodone and failed to document. On March 9, 2008, Licensee withdrew Oxycodone and failed to document. On March 13, 2008, Licensee withdrew Oxycodone and failed to document. On March 13, 2008, Licensee withdrew Oxycodone and failed to document. On March 13, 2008, Licensee withdrew Oxycodone and Roxicodone, during non-work hours for approximately six months.	Probation 8/6/2009 to 8/6/2012
Traci A. Joyce Belleville, IL.	RN2001000451	In accordance with the Order, Licensee was required to submit employer evaluations from each and every employer. If Licensee was unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or statement of unemployment on behalf of Licensee by the June 18, 2008; December 18, 2008 or March 18, 2009 documentation due date.	Probation 7/13/2009 to 9/18/2011
Belinda C. Karney Columbia, MO.	RN084757	Licensee was required to undergo a thorough chemical dependency evaluation from a chemical dependency professional and have the results sent to the Board. Licensee met with a therapist for the evaluation. However, the therapist noted that, Client reported to the writer at the beginning of the assessment that she understands the assessment process and would not disclose any information regarding her drug use or need for therapy. By failing to provide complete and accurate information to the therapist, Licensee has violated the terms of her probation which required her to undergo a thorough evaluation. Licensee was required to submit employer evaluations from each and every employer. If Licensee was unemployed, a statement indicating the dates of unemployment was to be submitted in lieu of the employer evaluation. The Board did not receive an employer evaluation or statement of unemployment by the first documentation due date of October 8, 2008.	Probation 6/11/2009 to 6/11/2014
Tessa K. McAllister Pittsfield, IL.	RN2005012924	On April 28, 2009, Licensee pled guilty or was found guilty of Assault in the Circuit Court of Pike County, IL.	Probation 8/7/2009 to 8/7/2011

Michelle Diane Medlock Sikeston, MO.	PN2000170568	Pursuant to the Agreement, Licensee was required to complete fifteen (15) continuing education hours in Documentation. Proof of completion of the hours and supporting documentation was due by April 16, 2009. Licensee faxed certificates of completion to the Board on April 20, 2009. The certificates of completion did not indicate that Documentation was the focus of the courses. Licensee did not provide any supporting documentation which indicated the content of the courses.	Probation 6/16/2009 to 6/16/2011
Karen E. Rhine Joplin, MO.	RN2000170582	On 2/20/06, Licensee had a grand mal seizure at the nurse's desk. Licensee admitted to stealing Demerol and injecting it herself. Licensee stated to staff that she took Demerol every night that she worked and during this last shift, she would go into the bathroom and inject the drug.	Probation 8/18/2009 to 8/18/2013
Verneal S. Rodgers Excelsior Springs, MO.	PN058130	Licensee was to submit an employer evaluation from each and every employer. The evaluation form was to be completed by Licensee's supervisor within a four-week period prior to the date it was due. The first employer evaluation was due to the Board on August 28, 2008. The Board received an employer evaluation on July 26, 2008. The evaluation purported to have been completed by the Director of Nursing, on July 25, 2008. During her testimony, Licensee admitted that she altered the date on the employee evaluation form prior to submitting it to the Board. Licensee was required to obtain fifteen (15) continuing education hours, each year of probation, in Care of the Stroke Patient and Nursing Law and Ethics. Licensee did not submit proof of completion of any education hours until after the due date and did not submit documentation indicating the content of the completed courses.	Probation 7/13/2009 to 5/28/2010
Tymber Dawn Spray Farmington, MO.	RN2003024636	Licensee was terminated for excessive absenteeism, poor documentation quality, failure to properly identify lifethreatening symptoms in patients, and improper medication administration. Licensee was absent nine times between the dates of March 12, 2006 to March 12, 2007. Licensee documentation of patient assessments lacked adequate detail. On May 9, 2007, Licensee demonstrated poor medication administration technique in that Licensee failed to initiate the flow sheet and further failed to request a witness for the medication wastage for morphine. On May 11, 2007 failed to recognize a life-threatening symptoms when a patient's daughter, who was a nurse, stated that her mother needed to be watched for symptoms of shock and Licensee asked the patient's daughter "What are they?" The patient subsequently suffered hypovolemic shock. Licensee had a second medication error on May 17, 2007 when Licensee withdrew Lortab 5 from the medication dispensing machine and failed to document that the medication had been administered.	Probation 7/29/2009 to 7/29/2010
Jacqueline S. Taylor Shawnee Mission, KS.	PN2005038149	Licensee was required to submit employer evaluations from each and every employer. If Licensee was unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or a statement of unemployment by the January 30, 2008; July 30, 2008; or January 30, 2009 documentation due dates. Licensee was required to cause her probation and parole officer to submit a letter to the Board outlining Licensee's progress and compliance status with her probation terms. The Board did not receive a status report from Licensee's probation and parole officer by the January 30, 2009 or the April 30, 2009 documentation due dates.	Probation 6/10/2009 to 10/31/2011
Demetria K. Thurman Cheverly, MD.	RN068150	On February 23, 2005, Licensee submitted to a preemployment drug screen and tested positive for cocaine.	Probation 6/15/2009 to 6/15/2010

Suspension/Probation continued on page 19

Suspension/Probation

Melissa Mary Thiede East Lyme, CT.	RN2000167167	A review of patients under Licensee's care revealed that between January 15, 2007 and February 12, 2007 Licensee failed to document the administration or wastage of several doses of Oxycodone/APAP.	Suspension 7/29/2009 to 1/29/2010 Probation 1/30/2010 to 1/30/2015
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Rhonda J. Bader Springfield, MO.	RN2000153340	Licensee was employed as an RN at a hospital in Missouri. In June 2005, Licensee began diverting Hydrocodone and Oxycodone from the hospitals dispensing machine for her personal use. The hospital reviewed Licensee's documentation of medication dispensing for the period July 1, 2005, through August 17, 2005, and determined that 117.5 tablets of Hydrocodone and 8.5 tablets of Oxycodone that were taken from the dispensing machine by Licensee were unaccounted for. In August 2005, the hospital asked Licensee to submit to a drug screen. Licensee tested positive for Hydrocodone and Oxycodone. Licensee admitted that she took Hydrocodone for her personal use without a valid prescription.	Revoked 6/15/2009
Michelle L. Burch Ironton, MO.	RN2000162362	Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee failed to complete the contract process with NCPS, Inc. Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. The Board never received a thorough chemical dependency evaluation submitted on Licensee's behalf. Licensee was required to renew her nursing license immediately. Licensee's license expired on April 30, 2007 and remains lapsed at this time. Licensee was to meet with representatives of the Board at regular intervals. Licensee was advised by certified mail to attend a meeting with the Board's representative on December 10, 2008. Licensee did not attend the meeting or contact the Board to reschedule the meeting.	Revoked 6/10/2009
Luann Compton Tulsa, OK.	RN1999140243	In November 1999, Licensee was issued a professional nursing license by the Oklahoma Board of Nursing. On August 31, 2005, the Oklahoma Board filed a complaint before the Oklahoma Board asserting that Licensee was guilty of unprofessional conduct; acts that jeopardized patients lives, health or safety and violation of state or federal narcotics or controlled substance laws. Based on the complaint before the Oklahoma Board, the Oklahoma Board issued an order of emergency temporary suspension pending hearing. Following a hearing, the Oklahoma Board revoked Licensees license for unprofessional conduct and violations of the Oklahoma Nursing Practice Act in that the licensee practiced outside the scope of practice of an RN by failing to follow physician orders regarding medication administration.	Revoked 6/10/2009
Tammi Jo Crider Versailles, MO.	PN2006023354	Licensee was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required. On November 12, 2008, Licensee submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana. Marijuana is a controlled substance. Licensee does not have a valid prescription for marijuana. Licensee was required to renew her nursing license immediately. Licensee's license expired on May 31, 2008 and remains lapsed at this time. Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee was required to call a toll free number every day to determine if she was required to submit to a test that day. Licensee failed to call NCPS, Inc. on ninety (90) days. The last date Licensee called NCPS, Inc. was January 28, 2009.	Revoked 6/10/2009
Julia Ann Daffron Robertsville, MO.	RN2004019362	Licensee was employed as an RN at a hospital in Missouri. On February 3, 2005, when she reported to work at the hospital, Licensee was in an impaired condition. She smelled of alcohol and exhibited erratic and atypical behavior. Licensee was asked to take a for cause drug screen. She tested positive for alcohol and marijuana. Licensee's use of and possession of alcohol and marijuana impaired her ability to perform her work as an RN.	Revoked 6/15/2009
Paul B. Davies San Jose, CA.	RN145526	Licensee was required to abstain completely from the use or consumption of alcohol. Licensee submitted urine samples for random drug and alcohol screening on September 17, 2008; October 31, 2008; November 21, 2008; and December 5, 2008. All of the samples tested positive for ethyl glucuronide, a metabolite of alcohol. Licensee was required to submit employer evaluations from each and every employer. If unemployed, a notarized statement indicating the dates of unemployment was to be submitted. The Board did not receive an employer evaluation or a statement of unemployment by the February 16, 2009 due date. Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee was required to call a toll free number every day to determine if he was required to submit to a test that day. Licensee failed to call in to NCPS, Inc. on one-hundred and three (103) days. Licensee had not called in to NCPS since January 19, 2009.	Revoked 6/10/2009

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Sheila M. Davis Fulton, MO.	PN2001024696	Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee never completed the contract process with NCPS, Inc. Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. The Board did not receive a thorough chemical dependency evaluation submitted on Licensee's behalf. Licensee was required to submit an employer evaluation from each and every employer. If unemployed, a statement indicating the dates of unemployment was to be submitted. The Board did not receive an employer evaluation or statement of unemployment on behalf of Licensee by the September 16, 2008 documentation due date.	Revoked 6/10/2009
Brian C. Denmark, Sr. Granby, MO.	RN147399	Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee was required to call a toll free number every day to determine if he was required to submit to a test that day. Licensee failed to call in to NCPS, Inc. on 27 days. On 18 days, Licensee called NCPS, Inc. and was advised that he had been selected to provide a urine sample for screening. Licensee failed to report to a laboratory to provide the requested sample on all 18 days. Licensee was required to abstain completely from the use or possession of any controlled substance. Licensee was required to abstain completely from the use or consumption of alcohol. On December 21, 2007, Licensee submitted a urine sample for random drug screening. That sample tested positive for the presence of benzodiazepine, opiates, marijuana and alcohol. On January 22, 2008, Licensee submitted a urine sample for random drug screening. That sample tested positive for the presence of benzodiazepine, marijuana and alcohol.	Revoked 6/30/2009
Patricia A. Eichenlaub O'Fallon, MO.	RN088232	Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. The Board never received a thorough chemical dependency evaluation submitted on Licensee's behalf. Licensee was required to submit an employer evaluation from every employer or, if unemployed, a notarized statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the January 22, 2009 or April 22, 2009 documentation due dates. Licensee was to abstain completely from the use or consumption of alcohol. On December 4, 2008; February 17, 2009, and March 30, 2009, Licensee submitted urine samples for random drug and alcohol screening. In all three cases, the sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.	Revoked 6/10/2009
Gregory W. Evans Evansville, IN.	RN129504	Licensee was required to abstain completely from the use or consumption of alcohol. On November 25, 2008, Licensee submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol. Licensee was required to contract with the Board's third-party administrator to participate in random drug and alcohol screenings. Pursuant to that contract, Licensee was required to call a toll free number every day to determine if he was required to submit to a test that day. On December 23, 2008, Licensee called FirstLab and was advised that he had been selected to provide a urine sample for screening. Licensee failed to report to a laboratory to provide the requested sample.	Revoked 6/10/2009
Mary A. Freeman Shawnee Mission, KS.	RN111292	Licensee was prohibited from violating the Nursing Practice Act. On July 28, 2008, the Arizona State Board of Nursing entered an Order placing Licensee's Arizona nursing license on probation. The conduct which resulted in discipline in Arizona occurred while Licensee was on probation with this Board. The conduct which resulted in discipline in Arizona consisted of grounds for which revocation or suspension is authorized in Missouri. The discipline entered against Licensee's Arizona nursing license, therefore, constitutes a violation of the Missouri Nursing Practice Act.	Revoked 6/10/2009
Tonna K. Grant Springfield, MO.	PN054413	Licensee was employed as an LPN at a correctional facility. In September 2006, a narcotics search warrant was obtained for Licensee's residence based on information that Licensee possessed and consumed marijuana and cocaine and that Licensee and her boyfriend were selling controlled substances from their home. Medications seized at Licensee's residence included Lexapro, Flexeril, and other injectible drugs. Licensee had misappropriated the medications from the correctional facility. Licensee reported consuming marijuana and cocaine. A search of Licensee's home revealed assorted drug paraphernalia, scales commonly used to sell controlled substances, prescription medications bearing the names of other people and cocaine. The search also revealed a 30-day supply of Cyclobenzaprine prescribed by the physician for the correctional facility for an inmate. Licensee misappropriated medications from the correctional facility, consumed some of the medications herself, and sold some of the medications.	Revoked 6/10/2009
Nicole D. Harris Crane, MO.	PN2001028007	Licensee was required to contract with the Board's third party administrator (TPA) and participate in random drug and alcohol screenings. Licensee failed to complete the contract process with the TPA. Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. The Board never received a thorough chemical dependency evaluation submitted on Licensee's behalf. Licensee was required to submit an employer evaluation from every employer or, if unemployed, a notarized statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the first documentation due date of January 5, 2009. Licensee was to renew her nursing license immediately. Licensee's license expired on May 31, 2006 and remains lapsed at this time.	Revoked 6/10/2009

Dawn A. Hassinger Sikeston, MO.	RN140350	Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee was required to call a toll free number every day to determine if she was required to submit to a test that day. Licensee failed to call in to NCPS, Inc. on thirty-eight days. Further, on November 4, 2008, December 11, 2008, and January 30, 2009, Licensee called NCPS, Inc. and was advised that she had been selected to provide a sample for screening. Licensee failed to report to a laboratory to provide the requested sample. Licensee was to submit an employer evaluation from each and every employer or, if unemployed, a notarized statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the January 19, 2009 or April 20, 2009 documentation due dates. Licensee was required to obtain fifteen (15) continuing education credit hours in Care of the Cardiac Patient, Critical Thinking and Medication Administration. The hours were due by March 8, 2009. The Board did not receive proof of completion of any continuing education hours.	Revoked 6/10/2009
Angela K. Holtkamp Rolla, MO.	PN058959	Licensee pled guilty to three counts of felony forgery in the Circuit Court of Crawford County, Missouri and received a suspended imposition of sentence and five years of probation.	Revoked 6/15/2009
William Timothy Huggins Warrenton, MO.	PN2006024238	Licensee was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required. Licensee is prohibited from violating the Nursing Practice Act. On October 24, 2008, the Board received a complaint against the license of Licensee from a long term care facility. The complaint stated that Licensee had been terminated for tampering with and diverting Roxanol from the facility. On November 11, 2008, Licensee was interviewed by a Board investigator. During that interview, Licensee admitted that he had diverted Roxanol from the facility. He further admitted that he had diluted the Roxanol with water in order to ensure that the narcotic count was correct. Roxanol is a controlled substance. Licensee did not have a valid prescription for Roxanol. Licensee's conduct constitutes a violation of the Nursing Practice Act. Licensee was required to submit employer evaluations from each and every employer. If unemployed, a notarized statement indicating the dates of unemployment was to be submitted. The Board did not receive an employer evaluation or statement of unemployment by the March 19, 2009 documentation due date. Licensee was required to obtain fifteen (15) continuing education hours in Nursing Law and Ethics and Boundaries. The Board did not receive proof of any completed hours.	Revoked 6/10/2009
Lisa K. Knold Kansas City, MO.	RN143990	Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee was required to call a toll free number every day to determine if she was required to submit to a test that day. Licensee failed to call NCPS, Inc. on seventeen (17) days. Further, on June 10, 2008; August 6, 2008; and September 8, 2008, Licensee called NCPS, Inc. and was advised that she had been selected to provide a sample for screening. Licensee failed to report to a collection site to provide the requested sample. Licensee was required to abstain completely from the use or consumption of alcohol. On September 23, 2008, Licensee submitted a urine sample for random drug screening which tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.	Revoked 6/10/2009
Debra K. Kohl Gerald, MO.	RN083173	Licensee was employed as a public health nurse at a county Health Department in Missouri. In March 2005, Licensee expressed the intent to take two children from their mother, give them to her daughter and imagined them as her grandchildren. In April 2005, Licensee went with an officer to the home where the children were kept and requested to take the children to receive medical services. The mother consented because she trusted Licensee. The children were not in imminent danger before they were taken from the home. Licensee took the children to a hospital and called the DFS child abuse hotline and reported that the children were in imminent danger at their home. She then told the hospital that DFS put the children in her custody and she left the hospital with the children. Licensee returned the children to DFS that evening, after the children's mother complained and the police were notified. Licensee took portions of the children's medical files for her personal use. Licensee pled guilty to filing a false report of child abuse or neglect.	Revoked 6/10/2009
Genevieve L. Loggins Saint Louis, MO.	PN037909	Pursuant to the decision of the Cole County Circuit Court, the Board has jurisdiction to discipline Licensee's license pursuant to the provisions of § 335.066.2(4), (5), (6), (12) and (13) RSMo.	Revoked 6/10/2009
Nancy J. Loughary Bismarck, MO.	PN048700	Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee completed the contract process and participated in the drug testing program until September 1, 2008. Around that time period, NCPS, Inc. was purchased by and integrated into FirstLab Inc. Licensee was notified by certified letter that she needed to register with FirstLab in order to remain compliant with the requirements of her probation. Licensee received and signed for that letter on September 2, 2008, but did not register with FirstLab until February 25, 2009. As a result of Licensee's failure to register with FirstLab, Licensee was not subject to random drug testing from September 1, 2008 to February 25, 2009. Licensee was required to submit an employer evaluation from each and every employer. If unemployed, a statement indicating the dates of unemployment was to be submitted. The Board did not receive an employer evaluation or statement of unemployment on behalf of Licensee by the December 15, 2008 documentation due date.	Revoked 6/10/2009

Susan A. Mosetti Saint Louis, MO.	RN110948/ PN025823	Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee was required to call a toll free number every day to determine if she was required to submit a sample for testing that day. On eight dates, Licensee called NCPS and was advised that she had been selected to provide a urine sample for screening. Licensee failed to report to a collection site to provide the sample. Licensee had not tested on the day she was selected to test since September 11, 2008. Licensee had not tested at all since December 22, 2008.	Revoked 6/10/2009
Shannon Jon Pfautsch Hermann, MO.	PN2005033230	Licensee was required to meet with representatives of the Board at regular intervals. Licensee was advised by certified mail to attend a meeting with the Board's representative. Licensee failed to attend the meeting and did not call to reschedule the meeting. Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee failed to complete the contract process with NCPS, Inc. Licensee was required to keep his nursing license current. Licensee's license expired on May 31, 2008 and remains lapsed at this time.	Revoked 6/10/2009
Cheryl L. Phipps Shell Knob, MO.	RN145491	Licensee was required to submit employer evaluations from each and every employer. If unemployed, a notarized statement indicating the dates of unemployment was to be submitted. The Board did not receive an employer evaluation or statement of unemployment by the first documentation due date of October 23, 2008. The Board did not receive an employer evaluation or statement of unemployment by the second documentation due date of January 23, 2009. The Board did not receive an employer evaluation or statement of unemployment by the third documentation due date of April 23, 2009.	Revoked 6/10/2009
William S. Price Saint Joseph, MO.	RN135305	From October 1, 2005, to June 12, 2006, Licensee knowingly employed, used, persuaded, induced, enticed and coerced a minor to engage in sexually explicit conduct for the purpose of producing a visual depiction of such conduct. From November 11, 2004, to May 16, 2006, Licensee knowingly received visual depictions involving the use of minors engaged in sexually explicit conduct. On March 22, 2007, an Information was filed in the United States District Court for the Western District of Missouri, St. Joseph Division charging Licensee with one count of Sexual Exploitation of Children and one count of Activities Relating to Material Involving the Sexual Exploitation of Minors. On March 22, 2007, Licensee appeared in court and entered a guilty plea to the Information.	Revoked 6/10/2009
Linda C. Rowell Rolla, MO.	PN039938	In February 2005, Licensee was employed as an LPN by a facility which offers medical, nursing and daily support services for persons with profound mental and severe physical challenges in a family-style home environment. One of the patients was a quadriplegic who had been diagnosed with mental retardation. The patient had a feeding tube and a tracheotomy tube and suffered frequent episodes of severe decline in oxygen saturation levels. An oximeter was the only means by which the nursing staff knew when the patient was having difficulty breathing, unless a nurse remained in the patient's room constantly. The patient was documented as a code patient. While on duty in February 2005, Licensee did not have the patient on an oximeter. Licensee found the patient unresponsive. Licensee did not initiate CPR or call 911 for emergency assistance. When emergency responders arrived, the patient was pronounced dead. Licensee has been placed on the Department of Mental Health's Disqualification List.	Revoked 6/10/2009
Sharon Lynne Ruis Chesterfield, MO.	PN2007003886	Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee was required to call a toll free number every day to determine if she was required to submit a sample for testing that day. Licensee failed to call in to NCPS, Inc. on thirty days. Further, on multiple dates, Licensee called NCPS, Inc. and was advised that she had been selected to provide a sample for screening. Licensee failed to report to a laboratory to provide the requested sample. Licensee was required to submit employer evaluations from each and every employer. If unemployed, a notarized statement indicating the dates of unemployment was to be submitted. The Board did not receive an employer evaluation or a statement of unemployment by the March 13, 2009 documentation due date.	Revoked 6/10/2009
Ora L. Smith Florissant, MO.	PN024984	Licensee was to obtain fifteen (15) continuing education hours in Nursing Law and Ethics and submit proof of completion to the Board. The Board never received proof of any completed hours.	Revoked 6/10/2009
Tami Lynn Stone Billings, MO.	PN2002001431	On June 20, 2005, Licensee consumed alcohol before reporting to work even though she knew that she had to report to work that day. Licensee arrived for work carrying a cup full of an alcoholic drink, but emptied the contents of the cup in the parking lot prior to entering the building. When Licensee entered work, she smelled of alcohol, was unstable and exhibited an unsteady gait. The alcohol affected Licensee to the extent that she was unable to perform her duties as an LPN. The DON secured Licensee's keys upon arrival and took Licensee home before she had any contact with patients or medications.	Revoked 6/10/2009

Joan A. Taylor Nixa, MO.	PN040861	From March 2002 to July 2005, a residential care facility employed Licensee as an LPN to give direct patient care to the residents. Licensee was late for work several days in June and July 2005. When asked by her supervisor why she was late, Licensee never gave a good reason. At the request of her supervisor, Licensee provided urine for a drug screen on July 8, 2005. Licensee tested positive for amphetamine and for cannabinoid.	Revoked 6/15/2009
Ursula M. Thompkins O'Fallon, MO.	RN124430	Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. Licensee was required to follow any recommendations for treatment made by the evaluator. The Board received an evaluation submitted on Licensee's behalf on November 6, 2008. The evaluation recommended that Licensee, among other recommendations,start regular outpatient individual counseling sessions with a licensed therapist. If treatment was recommended, Licensee was required to cause a letter of ongoing treatment evaluation from a chemical dependency professional to be submitted to the Board. The Board did not receive a letter of ongoing treatment evaluation from a licensed chemical dependency professional on behalf of the Licensee by the December 26, 2008 or March 26, 2009 documentation due dates. Licensee was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required unless use of the drug has been prescribed by a person licensed to prescribe such drug and with whom Licensee has a bona fide relationship as a patient. On November 20, 2008, Licensee submitted a urine sample for random drug screening which tested positive for the presence of propoxyphene. Propoxyphene is a controlled substance. Licensee did not have a valid prescription for propoxyphene.	Revoked 6/10/2009
Karen K. Townsend Evansville, IN.	RN2006022225	Licensee was required to submit an employer evaluation from every employer or, if unemployed, a notarized statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the October 8, 2008 or January 8, 2009 documentation due dates. Licensee was prohibited from administering, possessing, dispensing or otherwise having access to controlled substances. On November 4, 2008, the Board received a complaint from Licensee's employer. The complaint advised the Board that Licensee had been terminated due to diversion of controlled substances. Licensee admitted to the Board's investigator that she had requested other nurses acquire controlled substances for her and Licensee would then administer them to her patients. Licensee admitted that by possessing and administering controlled substances that she was knowingly violating the terms of her probation. The Order required Licensee to contract with the Board's third party administrator within twenty days if she was ever terminated from her employer or if her employer decided to discontinue drug testing services to Licensee. Licensee was terminated from her employer on October 21, 2008. Licensee never contracted with the Board's third party administrator.	Revoked 6/10/2009
Brian J. Vargo Farmington, MO.	PN055216	Licensee was to meet with representatives of the Board at such times and places as required by the Board. Licensee was advised, by certified mail, to attend a meeting with the Board's representative. Licensee failed to attend the meeting and did not call to reschedule the meeting. Licensee was required to contract with the Board's third party administrator and participate in random drug and alcohol screenings. Licensee did not complete the contract process with the TPA. Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. The Board did not receive a chemical dependency evaluation submitted on Licensee's behalf. Licensee was required to undergo a thorough evaluation performed by a licensed mental health professional and have the results submitted to the Board. The Board did not receive a thorough mental health evaluation submitted on Licensee's behalf. Licensee was required to renew his nursing license. Licensee's license expired on May 31, 2008 and remains lapsed.	Revoked 6/10/2009
Robyn Michelle Watkins Saint Louis MO	RN2002000828	Licensee was employed as an RN at a hospital in Missouri. In July 2005, while working the night shift at the hospital, Licensee lost consciousness and was taken to the emergency department of the hospital. Licensee took a for cause drug screen. She tested positive for marijuana and Darvocet. Licensee's possession of marijuana and Darvocet impaired her ability to perform her work at the hospital as an RN.	Revoked 6/15/2009
Lizzie R. Williams Venice, IL.	PN035487	Licensee was required to contract with the Board's third-party administrator (TPA) and participate in random drug and alcohol screenings. Licensee never completed the contract process with the Board's TPA. Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. The Board never received a thorough chemical dependency evaluation submitted on Licensee's behalf. Licensee was required to abstain completely from the use or consumption of alcohol. On March 20, 2009, the Board was advised that Licensee had been fired from her employment for testing positive for alcohol while on duty.	Revoked 6/10/2009
Shaina P. Williams Steele, MO.	PN052195	On September 4, 2007, in the Circuit Court of Pemiscot County, Missouri, Licensee entered a plea of guilty to one count of felony forgery.	Revoked 6/15/2009

Voluntary Surrender

Christy J. Chaney Willow Springs, MO.	RN110260	On August 17, 2009, Licensee Voluntarily Surrendered her license.	Voluntary Surrender 8/17/2009
Valerie Jo Civella Kansas City, MO.	RN2002017192		Voluntary Surrender 7/21/2009
Shirley A. Estell Ferguson, MO.	RN069818	Licensee voluntary surrendered nursing license.	Voluntary Surrender 8/31/2009
Arlene F. Gant Richmond, MO.	PN025174	On June 10, 2008, while at work as a licensed practical nurse, Licensee was asked to submit to random drug screening as required by the Department of Mental Health. Licensee refused to submit to urine drug screening. Licensee admitted that she had consumed marijuana, which would most likely show up through the urine drug screen.	Voluntary Surrender 8/19/2009
Shawn Renee Griggs Pittsburg, KS.	RN2007004352		Voluntary Surrender 6/4/2009
Mary Pauline Kincade Bragg City, MO.	PN034486	Licensee is licensed by the Board as an LPN and this license was current and active. Licensee was employed at a hospital in Missouri. From November 2003 through August 2004, Licensee worked as an LPN at the hospital. From September 2004 through June 2005, Licensee held herself out to the public, her employer and her patients as an RN. She received compensation for work she performed as an RN at the hospital. Licensee did not have an RN license.	Voluntary Surrender 6/30/2009
Lindsey Leah Law Colorado Springs, CO.	PN2006026256	Licensee was required to obtain fifteen (15) continuing education hours in Nursing Law and Ethics and Restraint Usage. Licensee has failed to complete the continuing education hours.	Voluntary Surrender 7/15/2009
Tondra Jo Ramsey Independence MO	RN2003001147		Voluntary Surrender 7/7/2009
Nancy B. Shoemaker Malden, MO.	RN083725	On December 27, 2008, Licensee signed and thereby agreed to enter into a Settlement Agreement. Pursuant to that Agreement, Licensee's license was placed on probation for a period of five years. Licensee was required to contract with the Board's third-party administrator (TPA) and participate in random drug and alcohol screenings. Licensee failed to complete the contract process with the TPA. Licensee was required to undergo a thorough chemical dependency evaluation within six weeks of the effective date of the Agreement and have the results sent to the Board within ten working days after its completion. The Board never received a thorough mental health evaluation within six weeks of the effective date of the Agreement and have the results sent to the Board within ten working days after its completion. The Board never received a thorough mental health evaluation within six weeks of the effective date of the Agreement and have the results sent to the Board within ten working days after its completion. The Board never received a thorough mental health evaluation submitted on Licensee's behalf.	Voluntary Surrender 6/16/2009



Name/Address Change Form

Did you know you are required to notify the Board if you change your name or address? Missouri Code of State Regulation [(20 CSR 2200-4.020 (14)(b) (1)] says in part "If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing...... "and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change..."

Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please notify the board office directly of any changes.

Type or print your change information on the form below and submit to the Board Office.

Name and/or address changes require a written, signed submission.

NOTI	FICATION OF NAME AND/OR	ADDRESS CHANGE
I NAME CHANGE	☐ ADDRESS CHANGE	☐ PHONE CHANGE
Missouri License Number	So	ocial Security Number
	OLD INFORMATIO)N
Last Name	First Name	Middle Name
	NEW INFORMATION	ON
Last Name	First Name	Middle Name
()_ Daytime Telephone Number	E-mail Add	Iress
PRIMARY STATE OF RESIDE		pay federal taxes, obtain a driver's license)
CITY	STATE	ZIP
MAILING ADDRESS (IF DIFF	FERENT THAN PRIMARY RESID	ENCE)
STREET OR PO BOX		
CITY	STATE	ZIP
Signature		Date
Return completed form t	o: Missouri State Board of Nursin Or Fax to 573-751-674:	g, PO Box 656, Jefferson City, MO 6510
Duplicate license instructions:	244 00 070 701 0770	-

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure and the required fee of \$15.00 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102 Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the *Licensure Information & Forms* tab on our website at http://pr.mo.gov/nursing.asp

Update from Missouri Nurses Association

As we anticipate the upcoming legislative session, beginning January 2010, nurses need to consider their political involvement and remain informed of issues affecting nursing and health care.

The Missouri Nurses Association (MONA) is proud to host the 24th Annual MONA Nurse Advocacy Day to be held on Wednesday, February 24, 2010, at the Capitol Plaza Hotel in Jefferson City. **Plan now to attend.** The Preliminary Show of Interest Form is available for download from our website at www.missourinurses.org. Please submit your completed form by email to sara@missourinurses.org.

We are very pleased with the success of the MONA Nurse Advocacy Day. Over the past twenty years, we have observed Nurse Advocacy Day growing in attendance from ten to one thousand. This outstanding attendance is due to the support shown by the Missouri nursing programs as they acknowledge the importance of professional nurses and nursing students engaging in the political process at the grassroots level. Without this hands-on experience, their role as patient advocates in the political arena would be severely impaired. During this event, participants will learn to advocate for patients and all Missouri citizens as they interact with legislators while health care legislation moves through the political process. Participants will also have an opportunity to meet and network with other registered nurses and nursing students.

The MONA Government Affairs Committee has taken seriously its charge to provide you with an introduction to the political process. During the morning session, there will be a keynote address and attendees will be prepared for their experience at the Capitol by highlighting legislative interests to MONA. During the afternoon session, we will network with legislators and share positive individual and school experiences from the visit to the Capitol.

We expect more than 700 RNs and nursing students to attend. Registration costs for the event are \$35.00 for students, \$60.00 for MONA members and \$85.00 for nonmembers.

If you have further questions, you may write or email Sara Fry at sara@missourinurses.org, as she is coordinating event registrations. Thank you for your support of MONA Nurse Advocacy Day in the past and we look forward to your assistance in making this event a success in the future.

If you would like information on becoming a MONA member, please contact Krista Lepper at Krista@missourinurses.org or call 573.636.4623. MONA is at the forefront regarding legislative and practice issues has many exciting members benefits including continuing education discounts, health insurance, vacation savings club, liability insurance and hotel discounts. To learn more, please visit our website at www.missourinurses.org

We thank you for being a part of the most respected profession... NURSING!



NCSBN Award Ceremony Honors Outstanding Nurse Regulators

Chicago—The National Council of State Boards of Nursing (NCSBN) recognized its dedicated and exceptional membership and guests at its annual awards ceremony on Thursday, Aug. 13, 2009, during the NCSBN Delegate Assembly held in Philadelphia.

Specific award recipients include:

Faith Fields, MSN, RN, executive director, Arkansas State Board of Nursing, was honored with the prestigious R. Louise McManus Award. Individuals receiving this award have made sustained and lasting significant contributions through their deep commitment and dedication to the purposes and mission of NCSBN.

Sheila Exstrom, PhD, RN, nursing education consultant, Nebraska Board of Nursing, received the Meritorious Service Award, which is granted to a board or staff member of a member board for positive impact and significant contributions to the purposes of NCSBN.

Nancy Murphy, MS, RN, BC, CPM, education consultant, South Carolina State Board of Nursing, received the Exceptional Contribution Award, which is awarded for significant contribution by a board of nursing staff member who does not serve as an executive officer or a board member who is not the current board president.

The **Ohio Board of Nursing** was awarded the Regulatory Achievement Award that recognizes the member board that has made an identifiable, significant contribution to the purpose of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare

Every year NCSBN honors executive officers at noteworthy points in their service to nursing regulation. Service awards were given to the following executive officers of boards of nursing:

Fifteen Years

Teresa Bello-Jones, JD, MSN, RN, executive officer, California Board of Vocational Nursing and Psychiatric Technicians

Ten Years

N. Genell Lee, JD, MSN, RN, executive officer, Alabama Board of Nursing

Mary Blubaugh, MSN, RN, executive administrator, Kansas State Board of Nursing

Shirley Brekken, MS, RN, executive director, Minnesota Board of Nursing

Kimberly Glazier, MEd, RN, executive director, Oklahoma Board of Nursing

Five Years

George J. Hebert, MA, RN, executive director, New Jersey Board of Nursing.

NCSBN acknowledges each member board of nursing as they reach the significant milestone of 100 years of nursing regulation. In 2009, nine member boards are celebrating 100 years of service:

Delaware Board of Nursing
Michigan/DCH/Bureau of Health Professions
Missouri State Board of Nursing
Nebraska Board of Nursing
Oklahoma Board of Nursing
Pennsylvania State Board of Nursing
Texas Board of Nursing
Washington State Nursing Care Quality Assurance
Commission

Wyoming State Board of Nursing

There was also a special presentation during the awards ceremony honoring the late Charlene Kelly who was the executive officer, Nebraska Board of Nursing, for 21 years before her death earlier this year. To recognize Kelly's visionary leadership, NCSBN has established the Charlene Kelly Scholarship Fund grant. Grants from this fund offer a distinguished leadership growth opportunity for current executive officers of state boards of nursing.

NCSBN Publishes Book on Examining Nursing Practice Breakdown

Chicago—The National Council of State Boards of Nursing (NCSBN) (http://www.ncsbn.org/) announces the release of Nursing Pathways for Patient Safety, a new book which advocates an innovative approach to examining instances of nursing practice breakdown.

Published by Elsevier Mosby, Nursing Pathways for Patient Safety is written by a distinguished panel of NCSBN experts seeking to create a change in the current state of health care safety management. This book examines the issues surrounding practice breakdown in a way that looks beyond individual errors and instead, examines practice breakdown from a systems perspective.

One of the book's editors, Patricia Benner, PhD, RN, FAAN, Visiting Professor, University of Pennsylvania, and Senior Scholar for the Carnegie Foundation for the Advancement of Teaching, comments, "This book is a 'must read' for all undergraduate and graduate nursing students, as well as all practicing nurses, and nurse educators and administrators. It clarifies and exemplifies the nurse's central role in patient safety. Nurses are the patient's first and last defense in today's complex health care system. Central to their work is the prevention of safety hazards to patients as a result of hospitalization or encounters with all health care institutions."

A culmination of NCSBN's Practice Breakdown Initiative, the book describes the TERCAP® (Taxonomy of Error Root Cause Analysis and Practice-responsibility) data collection instrument and provides a systematic review of eight types of practice breakdowns. Factors that may contribute to practice breakdown have been identified, including:

- Patient Profile;
- System Issues;
- Patient Outcome;
- Health Care Team;
- Setting:
- Nurse Profile; and
- Intentional Misconduct or Criminal Behavior.

Coverage of each type of practice breakdown, such as clinical reasoning or judgment, prevention and intervention, is systematically explored.

The book provides compelling case studies in each chapter based on actual instances of practice breakdown. Chapters on mandatory reporting and implementation of a whole systems approach offer practical information on understanding TERCAP and provide a helpful framework for grasping the scope of problems, along with NCSBN's approach to addressing them.

The book is priced at \$39.95 and is available from Elsevier at http://www.us.elsevierhealth.com/index.jsp or by calling 1.800.545.2522.

NCSBN Elects New Members to its Board of Directors During its 2009 Delegate Assembly

CHICAGO-The National Council of State Boards of Nursing (NCSBN) elected new members to its Board of Directors during its 2009 Delegate Assembly. Those elected include:

Vice President

Myra A. Broadway, JD, MS, RN, executive director, Maine State Board of Nursing, was previously the Area IV director from 2003-2007. During her tenure, Broadway served as board liaison to both the Examination and Commitment to Ongoing Regulatory Excellence Committees. She also served as a director-at-large from 2000-2002 when she was board liaison to Commitment to Excellence and Model Rules subcommittee.

Treasurer

Randall Hudspeth, MS, APRN-CNS/NP, FRE, FAANP, board member, Idaho Board of Nursing, previously served as a director-at-large. Hudspeth is an inducted Fellow of the NCSBN Institute of Regulatory Excellence, and has served two terms as board chairman and two terms as vice chairman of the Idaho Board of Nursing.

Directors-at-Large

Debra Scott, MSN, RN, FRE, executive director, Nevada State Board of Nursing, is an inducted Fellow of the NCSBN Institute of Regulatory Excellence and is currently the chair of the NCSBN Continued Competency Committee. She previously served on the NCSBN Practice, Regulation, and Education Model Revision Subcommittee from 2003-2004.

Pamela Autrey, PhD, MBA, MSN, RN, board member, Alabama Board of Nursing, currently serves on the NCSBN Continued Competency Committee and previously was a member of the NCSBN Disaster Preparedness Committee.

Area Directors

Area I. Kathy Malloch, PhD, MBA, RN, FAAN, board member, Arizona Board of Nursing, served a previous term as Area I director on the NCSBN Board of Directors and prior to that was elected director-at-large. She has served as chair of the Practice Breakdown Advisory Panel and as a member of

the Governance and Leadership Task Force. A board member of the Arizona Board of Nursing since 1999, Malloch served three terms as president and was the chair of the Education Committee and the Scope of Practice Committee.

Area II. Betsy Houchen, JD, MS, RN, executive director, Ohio Board of Nursing, has served one previous term as the Area II director on the NCSBN Board of Directors and as the board liaison to the CORE Committee. She has participated in previous NCSBN Delegate Assemblies by serving as a delegate and alternate delegate.

Area III. Julia George, MSN, RN, FRE, executive director, North Carolina Board of Nursing, served as the Area III director from 2007-2009 and is a Fellow of the NCSBN Institute of Regulatory Excellence. George served on the NCSBN Resolutions Committee from 2002–2003 and the Practice, Regulation & Education Committee from 2003–2004.

Area IV. Pamela McCue, MS, RN, executive officer, Rhode Island Board of Nurse Registration and Nursing Education, served as the chair of the Credentials Committee of the NCSBN Delegate Assembly and as an NCSBN delegate from 2007-2009.

In addition, NCSBN delegates elected members of the Leadership Succession Committee:

Leadership Succession Committee Designated Member (Current or Former Committee Chair)

Barbara Morvant, MN, RN, executive director, Louisiana State Board of Nursing

Leadership Succession Committee Designated Member (Board Member of Member Board) **Patricia Lane**, MBA, BSN, RN, HCA, board member,

Virginia Board of Nursing
Leadership Succession Committee Designated Member

(Past Board of Directors Member) **Paula Meyer**, MSN, RN, executive director, Washington

State Nursing Care Quality Assurance Commission
Leadership Succession Committee Designated Member

(Employee of Member Board)

Mary Blubaugh, MSN, RN, executive administrator,
Kansas State Board of Nursing

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also four associate members.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

Nurse Regulators Meet for 2009 NCSBN Annual Meeting

NCSBN met Aug. 12–14, 2009, in Philadelphia to consider pertinent association business with its member boards of nursing.

CHICAGO—The National Council of State Boards of Nursing (NCSBN) met in Philadelphia, Aug. 12–14, 2009, to consider pertinent association business with its member boards of nursing. Laura Rhodes, MSN, RN, NCSBN president and executive director of the West Virginia Board of Examiners for Registered Professional Nurses, presided at the meeting. There were 59 member boards represented by delegates.

Highlights of some of the significant actions approved by the member boards of nursing included:

- Election of new directors to the Board of Directors and members of the Leadership Succession Committee;
- Adoption of revisions to the Education Model Rules;
- Approval of the College of Nurses of Ontario, the College of Registered Nurses of Manitoba, and the College & Association of Registered Nurses of Alberta as Associate Members of NCSBN; and
- Adoption of the 2010 NCLEX-RN Test Plan.

Rhodes remarked, "We are delighted to announce that the NCSBN Annual Meeting had a record attendance this year. I know that the dialoguing and networking opportunities that this meeting provided to all attendees will be invaluable to nursing regulators throughout the coming year."

Rhodes also thanked the participants for a successful meeting and noted that the Board of Directors looks forward to working with member boards and external organizations in the coming year.

NCSBN will meet Aug. 10–13, 2010, in Portland, Ore. for its next annual Delegate Assembly.